448

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THE CANADIAN NURSE

AND HOSPITAL REVIEW

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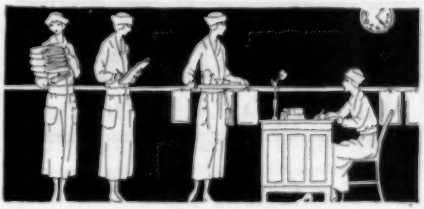

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CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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Editorial

Nursing Educations

In looking over the various announcements of university courses, one cannot help but be struck with the apparent lack of interest in the special training of those intending to take up the executive or teaching departments of our training schools.

Comparing those universities giving courses in public health nursing with the one where the institutional nurse can get special training, one feels, as Miss Russell, of the University of Toronto, does, when she laments this lack in Ontario, as shown in the report printed in this issue. Unfortunately Ontario is not the only province lacking this, for McGill, in Quebec, is alone in providing for them. It may not be wise to urge that each university provide such a course, but what we all must see is that universities only provide courses in any subject when the demand is

made, and no one apparently sees the need in Canada sufficiently to urge that hospitals insist that some such special post-graduate training be taken by those engaged by them on their staff to supervise and teach the pupil nurse.

Public health nurses would not take these courses as generally as they do were not such special preparation demanded by the organizations employing them.

Is not the training school where each pupil receives her basic education in nursing sufficiently important to demand special certificates from those engaged in the administrative and instructive field? Ask those giving these courses in public health in the universities what they think of the crying need for special training. Organizations like the Canadian Red Cross and the V.O.N. give scholarships for the preparation of nurses to enter the fields financed by these organizations, but where shall we find the money to help the nurse in the same way to get her post-graduate education for the hospital field?

As every nurse has to enter the training school of the general hospitals of our country in order to graduate, it would appear that we, the nurses, are more interested in this lack than anyone else. Scholarships might well be provided by the associations, and very probably would be if we were assured that the hospitals would demand this qualification. This is the stumbling block, and this is where our unremitting efforts must be made. The public, that powerful lever, must be roused to see where anything else is an injustice to their daughters who enter hospital training schools. We cannot leave this with a careless feeling that, while it is sad, still it is not our business—for it is. We are the ones interested —first, that the community be provided with competently trained women; that, in order to get such, competence pre-supposes a trained teacher and supervisor; and secondly, as citizens and tax-payers, we must protest against schools insufficiently equipped and staffed, whether the common schools of our country or the secondary schools, giving technical education, as the normal schools for the teacher or the training schools for the nurse.

* * * *

Delegates from the C.N.A.T.N. Attended the Annual Meeting of the National Council of Women of Canada

The Executive Committee appointed the following six members as representatives of the C.N.A.T.N. at the annual meeting of the National Council of Women of Canada: Misses Graham and Read, councillors for Nova Scotia; Miss Hubley, president, Graduate Nurses' Association of Nova Scotia; Miss Crosby, secretary, Graduate Nurses' Association of Nova Scotia; Miss McKenzie, representative, Public Health Section, Nova Scotia; and Mrs. Barnsfather, representative, Private Duty Section, Nova Scotia.

Representatives to the Canadian Council of Child Welfare

At the last meeting of the Executive Committee the president, the chairman of the Public Health Section, C.N.A.T.N., and the convener of the Manitoba Public Health Committee were appointed to represent the C.N.A.T.N. at the annual conference of the Canadian Council of Child Welfare which is to be held in Winnipeg, Man., in September.

The suggestion from the Executive Committee that Junior Red Cross work be given a place on the programme at this conference has been accepted by the Programme Committee, C.C.C.W.

The World's Pulse

By Elizabeth Robinson Scovil

Near Death

May 7th was the eighth anniversary of the torpedoing of the Lusitania. Lady Rhonda, who was one of the passengers, in speaking of her experience, says: "I doubt whether any of the people in the water were acutely frightened or in unbearable agony of mind. When death is as close as he was then, the sharp agony of fear is not there; the thing is too overwhelming and stunning for that. One had the sense of something taking care of one. I don't mean in the sense of protecting me from death; rather of death itself being a benignant power."

A Long Flight

The United States has been crossed in the air without a stop. Two men, in a Fokker monoplane, flew from the aerodrome on Long Island to San Diego, California, 2,650 miles, in 26 hours 49 minutes. They passed over the Rocky Mountains at a point 11,000 feet high.

Curing Colds

The experts of the American Army Chemical Warfare Service have been conducting experiments at the great Government poison gas factory near Baltimore. They assert that epidemics of influenza and colds can be checked almost instantly by introducing a weak concentration of chlorine gas into a room occupied by persons exposed to infection.

A Cure for Insomnia

M. Coue, in a little book called "My Method," recommends that persons who find difficulty in going to sleep should settle themselves comfortably in bed and say, "I am going to sleep, I am going to sleep," in a quiet, even voice, until the desired result is obtained. The monotonous repetition of almost any short sentence will have the same effect.

A Description of Christ

The oldest description of our Lord's appearance has just been discovered in an old Italian text in the Vatican Library. It is a police report under Pro-Consul Publius Lentulus, who, it is stated, was the predecessor of Pontius Pilate. The description of Jesus Christ is as follows: "He has long, fair hair, falling in curls on the shoulder; they are parted in the middle. Christ wears the double-pointed beard, which is fairer than the hair. His eyes are light blue and wear a kind expression, but at times they flash under the stress of temper. He is of normal build and stands erect. The voice is soft. He was never seen to laugh, but people often saw him cry. His hands are very well kept. He is called Jesus, Son of Mary. His friends call him the Son of God."

Helping Prisoners

An experiment is being tried in Maidstone jail, in England, in the instruction of prisoners, so they may be better able to obtain employment when they are released. Classes are held in French, shorthand and book-keeping, engineering, and Spanish. The attendance is voluntary.

Saving Work in the Home

A way of preparing silver has been discovered which keeps it from tarnishing for two years. A new white metal, an alloy, has been found which resists both tarnish and corrosion, and takes a deep and brilliant lustre when polished. It is stated that it can be produced at a very reasonable cost, has good casting qualities, and is both malleable and ductile. It may have important uses in engineering as well as in the household.

The Royal Wedding Cake

The wedding cake of the Duke of York and the Lady Elizabeth Angela Marguerite Bowes-Lyons was nine feet in height and weighed eight hundred pounds. It looked like a Chinese pagoda, of delicate, almost fairy-like structure, ornamented with the finest sugar lacework. One panel contained seven charms—a ring, a thimble, a button, a threepenny piece, a horseshoe, a donkey and a goose—all made of eighteen karat gold. When the bride tried to cut the cake she found it too difficult, and the Duke of Connaught came to her assistance. When the slice had been removed, it was cut in small pieces and handed to the guests.

Wedding Music Broadcast

Thousands of people who could not get near Westminster Abbey had a little of the wedding ceremony brought to their homes when the choir of Westminster Abbey, by special permission of the Dean, broadcast the anthem, "Beloved, Let Us Love One Another." It was heard in the cities and villages within 200 miles of London.

Genius begins great works; labor alone finishes them.—Joubert.

News from the Medical World

By Elizabeth Robinson Scovil

The Antidote to Insulin

An overdose of insulin given to rabbits was found to produce an effect similar to an overdose of strychnine, causing violent convulsions. Experiments on rabbits showed that these serious symptoms may be immediately remedied by the injection of glucose, and, in fact, permanently removed. Orange-juice is an antidote to less serious effects.

Results of Insulin

The most striking results have been seen in children and young adults, while all diabetic patients were benefited by the treatment. If a sufficient dose is given, the urine becomes sugar free the second or third day. The patient is conscious of increasing strength before the end of the first week. Appetite improves, hunger disappears, thirst is lessened; edema is gone in about ten days, and the weight increases.

Hospitals for the Slightly Ill

Hospitals are being established in Germany for those who are not seriously ill, and are proving very popular. They are much less expensive than general hospitals.

Cheese as to Food

The American Food Journal has an interesting article on the value of cheese in the diet. Cheese is rich in fat, and the fat soluble A, the growth vitamin, is retained in it. It is also rich in calcium and phosphorus. Lime is especially needful in the diet, because grains and the meat products are deficient in it; cheese helps to supply it. So far from being indigestible, cheese, eaten with other foods, has a marked influence in increasing their digestibility. It is especially valuable for growing children, who should have about an ounce a day.

Public Health Nursing

A course in public health nursing will be established at Dalhousie University, Halifax, in co-operation with the Provincial Department of Health, the Nova Scotia Red Cross, the Victorian Order of Nurses, and the Massachusetts-Halifax Health Commission. Dalhousie has under construction a new health centre.

Medical Advice as to Wireless

Ships of every nationality on the sea can obtain medical advice, on request, from two great hospitals in Stockholm. The Swedish Government proposes to broadcast medical advice in Swedish, English, German, and French.

Instruction in the Use of Insulin

About 260 Ontario physicians have applied for admission to the insulin clinics in the Toronto General Hospital. They will be given, in groups of twenty, two days of observation and instruction. These local practitioners will be able to administer insulin outside the hospital.

Abolition of Cocaine

It is proposed that international action shall be taken to end the manufacture of cocaine in Germany and Switzerland and the cultivation of the cocoa plant in Peru, Java, and Bolivia. Leading dental surgeons state that procain is an effective substitute in dentistry. A new synthetic substitute, called butyn, has been widely tested, with good results. All methods of control have failed everywhere. As long as the drug is manufactured, it will be misused.

Magnesium Sulphate as a Sedative

Two Pennsylvania physicians have published their experience with sulphate of magnesia as a sedative. Pure, recrystallized magnesium sulphate, with its water of crystallization, was made into a 50 per cent. solution with distilled water, and sterilized. Two cc. of the solution was injected subcutaneously and intramuscularly more than a thousand times. No local pain or sloughing followed when proper aseptic technic was used. In 82.7 per cent. of the cases the sedative action was prompt, the patient becoming quiet after fifteen to thirty minutes, and sleeping from five to seven hours. In a few instances the patient was quieted, but did not sleep. The effect persisted from five to seven hours. It is quite harmless in the sedative dose, and can be given liberally if necessary. It was found an excellent substitute for morphine and hyoscine in many cases.

Canned Foods

The Lancet says that the risks from eating canned foods are not great, and can be guarded against easily. Compared with fresh foods, the canned foods are undoubtedly safer, and the prejudice against them is not justified. This method of preservation is of great value to the community.

Antiscorbutic Vitamines

It has been found by experiments on guineapigs that only fresh vegetables prevent scurvy. Drying seems to destroy a good effect entirely, and every attempt to preserve the necessary vitamine failed.

Ingrowing Toe Nail

An operation for ingrowing toe nail, performed solely on the soft parts, has been successful in seventy-five cases, as there has been no recurrence. It is a flap operation, which is painless, and the patients do not suffer afterwards.

Public Health Nursing Department

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The Report of a Three Years' Experiment*

Mr. President, Ladies and Gentlemen:

The task that I have before me now should be a very interesting one, and I hope I can make it of interest to you. It is the summing up of a three years' experiment with a piece of work quite new in the annals of our universities. This department for the preparation of a special group of health teachers, called public health nurses, is so new that its position here is not understood, certainly not clearly defined; in fact, so new that few people know that it is here, and fewer understand why it should be.

There are two ways in which we could approach this question. One would be to consider its immediate and superficial aspects—to point out that our civilized communities are now requiring that health teaching should be provided, that a group called public health nurses must be prepared for this work, that much of the lecture and laboratory work that they require for this special course is already established in certain older departments of the university, and that it follows clearly that the

*The report read by Miss Russell, Director of the Department of Public Health Nursing of the University of Toronto, at the graduation exercises held in Convocation Hall on May 14th, 1923.

logical and economical procedure has been to establish this training course here. So far so good. A second way to consider this question would be to go deeper—to look for fundamental principles governing the university policy, and find the relation of this training to that policy, if, perchance, such relationship exist. It is to the latter aspect of the question that we want to give a brief attention.

We have already emphasized the newness of this department, and more important still is an understanding of the essentially new features of the occupation for which these students are being prepared. That seems to be the central point from which all further consideration must radiate. Only some understanding of the nature of a certain piece of work and its relative value to society can guide us in any plans for the special education of the worker. But is it possible that we should yet understand or appreciate the future place that this public health work must take? I think not. Here I would quote a text from the writings of one of the most brilliant of recent English sociologists. This is the text: "For the understanding of the great transition going on around us, the very elements of thought do not at present exist."† Can it be that such a change is passing over the face of society; that our sense of values is altering so, that we have not even the elements of thought ready to cogitate upon our future development as a society? If there be any degree of truth in that statement, is it any wonder that we have not the language in which to present you our dimly comprehended vision of the development of this one specific bit of educational activity; for its whole raison dêtre rests upon some understanding of this sense of new values in life.

If we feel keenly this ever-present change in society, our approach to anything new in our educational institutions must begin with the desire to understand the change sufficiently to serve it well. We cannot refuse to admit development in the scope of the university's work. But neither, on the other hand, can we be swayed by every passing demand for extension. Between these two extremes we must keep an open mind for patient research into all these demands.

And what is this special demand that we are considering? We have said that a new group of workers is needed for the community, and that some preparation must be given them. But why this new group? That is a point at which general understanding is sadly lacking. We live in an age of so many wonders that we fail to grasp the import of all that has been happening. Very few people clearly understand that the scientific research of the last seventy years has released a flood of knowledge about disease and health, and that if such knowledge could be applied a great change would come over the life of the animal called Man. So far there is no real appreciation of this knowledge. The students that we are training under the name of public health nurses are to form one of the groups working in this new field of preventive medicine, their

†Benjamin Kidd: The Science of Power.

special function being the application of this new knowledge. The only preparation given them hitherto has been the training in the care of the sick given in a hospital, and from all sides the cry has gone up that that has taught them nothing of the science of health, and yet they are supposedly occupied with the teaching of health. Then, who must provide this additional training? For various reasons, it has been decided in the English-speaking countries that the universities will do so. Thus in England, the United States, and Canada, some attempts are being made.

Now can we narrow down our consideration to our own university and to what has been attempted here? Three years ago, in May, 1920, our Senate approved the plan to establish a new and independent department in which a one-year course for public health nurses should be given, a course which should be to some extent of the nature of post-graduate work, as the students entering must already have attained graduate standing in their own professional schools, namely, the hospital training schools for nurses. The president of the university asked me to come and conduct this experiment. Fortunately, there were no Articles of Faith to be signed; what I should have replied to certain questions as to my expectations from this work, I do not know. All that we knew was that the experiment must be made, and so we undertook it. Now we want to give you some account of the three years, and see if we are yet ready to draw any conclusions. First, we would say that, from the standpoint of the university, the important thing is not that this experiment has been a success, or that it has been a failure; the important thing is that it has been tried. If we have been mistaken at any point, we shall find that out; but that is a negligible thing compared with the sin of inaction.

We have said that we would try to find the fundamental principles underlying all our university work in order to note how far the work of this department was related to those. But now, I am going to retreat. As a substitute or a direct attack upon the subject, we would present the aims or guiding principles of the work of our own department, and leave it to those of you who care to do so to see how they fit into your estimate of the general scheme.

What are the aims of this department; what is it that we are trying to accomplish? We can state these aims very briefly: The first is to increase the spiritual calibre of each group of students, so that the woman who leaves the department is something more than the woman who entered. I presume that you will understand my use of the word spiritual. Secondly, we would teach the theory and practice of public health nursing.

You will note that the production of a better public health nurse, in the sense of a better informed technician, is not our first aim. That is important enough, but alone might not justify this as a university department. After listening to that statement, you could accuse me of playing

with words. I grant the truth of that; but, in spite of the limitations of language, let us seek to clear our thoughts. Why is it that we say that the test by which we succeed or fail is that point of whether or not we enlarge the vision of our students, that vision which we call mental, intellectual, or spiritual, according to our habit of speech? It is because the graduates of this department are going out to take an active and influential place in the life of the community. Just what that work of theirs will develop into is part of that unsolved riddle of the future change in society of which we have already spoken. But it is quite clear that these graduates are to be given an unique opportunity to teach, their pupils being both children and adults. In the capacity of teacher, they are to touch many other lives in a most intimate way, and in many cases when their pupils are in a most abnormally impressionable condition. The potential influence of such a group should make us pause and think. Lewisohn has summed up the whole purpose of university work in the brilliantly vivid picture of American colleges that he presents to his recent autobiography, and that purpose is well expressed when he says that it must give the student "a new criterion of truth." That phrase contains all we mean when we seek to stir the narrow understanding to think more clearly and, with a broader horizon, to attain standards and judgments that are both broad and wise. Until they have that broader criterion of truth, it would indeed be well to prevent any man or woman from attempting to teach—be the subject-matter health or arithmetic.

Thinking of the public health nurse with this work in front of her, is it, or is it not, illogical that her training should be carried on in an atmosphere that admittedly has as its primary aims the shaping of a finer type of man and woman, and the releasing of new truth?

So much for general principles evolved during the three years.

Now we would turn to a consideration of the detail of the department's activities during these three experimental years. Here we must guard against stressing superficial matters; the number of our graduates and the variety of their occupations are after all only indications and not necessarily the true measure of success. However, these are points of very practical interest. In the classes of the three years, one hundred and thirty-nine full-time students have been enrolled; and the graduates, including to-day's group, now number one hundred and thirty-five. We can tell you something of the occupations of the graduates of the first two years, ninety-one in all.

A number are employed in several different towns on the staff of the Victorian Order of Nurses, which is the one national nursing organization in Canada. Their purpose is to provide instructive visiting nursing service for the homes of our people. To serve *effectively* on such a staff, the nurse should be a carefully trained teacher. In no place is there more opportunity for the use of special ability and special qualifications.

A much larger number of the graduates are serving on the staffs of certain Government departments, namely, municipal and provincial Departments of Health, or serving under Departments of Education as school nurses.

Finally, an appreciable minority are scattered over an interesting variety of work—industrial nursing, Red Cross outpost work in the North and West country, hospital social service, etc., etc. Such groups represent the vanguard in public health nursing, and must open up fields of work which may be entered later by the State departments. A few more remain to be accounted for, and these are the inevitable casualties pertaining to any group of women students—the ones who are married. I hope you will agree with me in deciding that their usefulness is not lost to the world. We would particularly draw your attention to the part these graduates have from the outset been called upon to play in the work of our whole country. They are now at work in five of the provinces, namely, British Columbia, Alberta, Ontario, New Brunswick, and Nova Scotia. As some of to-day's graduates go to Manitoba and Prince Edward Island, seven provinces will be entered immediately. These facts indicate the demand that there is for nurses with this special training, and also that the other provinces are looking to Toronto for considerable help in these pioneering days. Although we are glad to say that a very large majority of our graduates are at work in Ontario, there is also a measure of satisfaction in the realization that we have already contributed in a small way to seven provinces.

A great number of our students have been enabled to take this course through the provision of scholarships. A number of these have been given each year by the Red Cross Society, and are further evidence of the generosity and wisdom with which that society planned for the beginnings of this work: first they made provision for the department itself, and then assured us of a good class of students. Also, the various nurses' organizations have come forward most unselfishly with the offer of scholarships in order that this new department might have full classes, and the best people have opportunity to get the special training. Altogether this has played a large part in bringing us the very fine groups of students that we have had. But here I would pause for a word of warning. Nurses are needed for public health work, but they are also just as greatly needed for the work of hospitals and private nursing. With the very rapid growth of hospitals, a small army of nurses is needed to staff these, and a highly trained personnel for teaching and administration therein, as they partake of the nature of professional schools. As yet we have made no provision in Ontario for the special training of that group. For nurses, the only post-graduate training available is for public health work; and so, inevitably, the particularly brilliant young graduate who attains scholarship rank is drafted off immediately into public health nursing. With an occasional exception, that is the situation in Toronto schools where scholarships are available.

I wonder how long it will take those interested in hospital and training school work to awaken to this situation and insist upon sharing honors with the public health field?

At the beginning of our second year a new factor entered into our work and increased the demand for this university course. Our one National Visiting Nursing Association, the Victorian Order of Nurses, decided to discontinue the training centres which they had been conducting, and to look to these university departments to supply the Order with the specially trained personnel needed for its staff. Scholarships were offered, and such hearty co-operation was given the university that the whole matter of special training for the public health nurse received most timely encouragement and support. If the five Canadian universities now carrying on these courses are to keep the Victorian Order supplied with a sufficient number of nurses for the whole Dominion, and also fill the other demands from Government departments, we shall certainly need to enroll very large classes. Up to the present, Toronto has enrolled and graduated about one-half of the total number who have received this special training in Canada.

In surveying this department's work during the three years, we have many acknowledgments to make. First and foremost, we acknowledge with sincerest appreciation the assistance given by the Ontario Red Cross Society. They have made it possible for the university to do this piece of work, and the nurses of the province will always be deeply indebted to them. But their help has not stopped there, for within the department we have received a sympathetic interest from many members of their staff, an interest which has again and again proved of very practical value. Our warmest thanks are theirs. We hope that a very close co-operation may be continued, and that each department may serve the other in the future.

There are certain other factors that have contributed very largely toward any measure of success that has been ours. Chief among these has been the loyal co-operation of the students enrolled. I have had something to do with a good many groups of students in various settings, but never have I seen this loyalty and co-operation equalled. If all the other students of the university are as keen to extract the last drop of opportunity out of a year's work, there must be a wonderful atmosphere about these halls. It surely cannot be possible to deny opportunity to those who want it so much.

Again we wish to acknowledge with sincerest gratitude the help given us by the many health and social organizations of the city. It is essential that our students should have practice work in this training, and, to procure that for these large classes, we have made a very heavy demand. Can you grasp the measure of that demand when we tell you that very nearly one hundred busy workers in this city have individually contributed toward the practical work of one or more of our students?

These are pioneers in social and public health work who are vitally interested in seeing the professional training for these groups develop along lines that are educationally sound. And what shall we say to Miss Cowan, who, as Supervisor of Practical Work, has been co-ordinating the services of these voluntary assistants, nearly one hundred in number? When we consider her efforts in that light, perhaps you will understand something of the work she has been creating. Miss Cowan's contribution to the new department has been made very quietly, but with a sympathy and wisdom that will make her work of permanent value.

In our work we have received much help from several of the older university departments. Probably it is with the Department of Preventive Medicine that our present course is most closely allied, and it is a very great pleasure to acknowledge the sympathy and help received from Professor FitzGerald and the other members of his staff. It would be difficult indeed to overestimate the value of that assistance, and only those who have worked with that department can appreciate how thoroughly whole-hearted they are in their co-operation.

For the three years of our short life we have worked under one serious handicap, and that is the lack of a department home, with the result that our small staff has had to squander much time and much energy in order to carry on the intensive work that we feel must be done with a group taking such a short course. But every cloud has its silver lining, and because of our homelessness we have been able to enjoy the hospitality of the Department of Social Service. We are most grateful to Professor Dale and to his staff for the generous share that we have had in the use of the lecture rooms and library of their building. As long as it is necessary, we are content to continue under the present handicap; but it is most advisable that the handicap be recognized. Only thus shall any effort be made to remove it.

What can we say, after all, about the past and the future of the department? In three years a foundation has been laid—only that, and we cannot tell what the superstructure will be, nor would we wish to be too arbitrary about that. We cannot say just how this work of the public health nurse will develop, and the nature of her work will, of course, control the plans for her training. Again we would say, in the words of our text, "For the understanding of the great transitions going on around us, the very elements of thought do not at present exist." But that text suggests advance, not retreat; and should we not give very serious consideration to the possible developments of this one-year course? We would leave those thoughts with you. There is no time to develop them further here. There is only one practical suggestion that we would add. Some one of our professors made a plea recently for a leisured class in society—and how heartily we second that plea, and urge that we may be assured of a sufficiently leisured staff within the university to really accomplish its work. With a minimum of time and attention,

a superficially successful piece of work may be done, but not the work that we have been describing.

And in closing I have only to say farewell to the two graduating classes. To the students of the Social Service Department I want to offer congratulations and every good wish for the future. I know you have had a valuable year, and that you will appreciate it more and more as time goes on.

To our students I offer heartiest congratulations. Did you feel that the burden was laid upon you of finishing the three years with a particularly fine record? If so, you have succeeded. I feel like quoting to you a remark of Barrie's, from his famous address made last year at St. Andrew's. Speaking to those students, he said: "Doubtless the Almighty could have provided us with better fun than hard work, but I don't know what it is." If that be true, you and I have provided each other with much amusement during the past year. But it is true, and you can look forward happily to the work awaiting you. I am sorry indeed to see you go. We know that the field you are entering is still a disorganized one, and easy adjustments cannot be made at once for all. I fear that the square peg and the round hole must sometimes be brought together; but I think it will also be apparent to you that this is merely a temporary phase, and we trust that you will enjoy meeting it and making the necessary adjustments. If you will, you may have a share in shaping the future developments of your profession in this country.

You have my sincerest wishes for much happiness in your future work, wherever that may be.

The Trained Nurse In Industry

By Muriel MacKay,
Ontario Hydro-Electric Commission.

Read at the Annual Meeting of the Graduate Nurses' Association of Ontario, April, 1923.

The trained nurse's name on the payroll of an industry does not nowadays require the explanation that it did a few years ago.

Our first definite record of an industrial nurse is that of one employed by the Benefit Association of the John Wanamaker Store, New York, about twenty-five years ago. This nurse was employed, by the employees themselves, to see that their association funds were fairly disbursed. It was thought that the nurse's training in sickness would enable her to do this work.

This nurse—who, by the way, was a Canadian—found that, as her work assumed some routine, it consisted chiefly in rendering first aid, in seeing that the sick and injured had prompt and suitable medical and nursing care, in follow-up work in the homes to see that doctors' orders were carried out, and that employees did not return to work while in a condition to be a menace to themselves or their fellow-workers, and, finally, that financial and family cares did not retard recovery.

The work of the present-day industrial nurse is practically that of this pioneer, with the accompanying developments that any agency shows, which fills a real need. That the trained nurse in industry is of real economic value has been demonstrated by the fact that, during the period of industrial depression (from which we have not completely emerged), the services of the nurse have been retained in many cases, and this at a time when many industrial welfare schemes were eliminated as non-producers.

Industrial nursing was mainly concerned in the early days with nursing care rendered in accident cases; and this has been the means of greatly reducing cases of infection in industrial accidents, as an injury that received prompt and skilled first aid rarely develops an infection.

The importance of this work can be appreciated when we realize that a large percentage of the compensations paid in Ontario have been due to infection of injuries, rather than the injury itself. A plant that provides a trained nurse to give first aid, and which encourages its employees to report all injuries, however seemingly trivial, will go a long way in reducing cases of infection. As we said before, anything which fills a real need is bound to develop; so with the work of the industrial nurse. From carefully kept records, it has been found that sickness is an even greater factor in causing lost time (with a consequent loss in production) than accidents have been. For one day lost time due to accident, statistics show that there are four and three-quarter days' lost time due to illness. Employers are learning to appreciate the significance of these records, and realize that the industrial nurse is one of the agents who can help cut down the loss caused by preventable illness. It is through this recognition that the industrial nurse has been given the opportunity to develop her work in the plant, until now it includes many duties beside the original one of rendering first aid.

In order that the opportunities for development which her work presents may not be lost through her ignorance to perceive them, it is necessary that, in addition to being a graduate nurse, she must have also some public health training, for all sorts of conditions are referred to her in the plant, both by the employer and employee. She should be familiar with the general principles of sanitation, ventilation, lighting, etc., in order that she may intelligently assist in plant inspection, and that she may know that suitable precautions are taken to protect the health of workers engaged in dangerous trades or operations. She will naturally

take an interest in the toilet provisions, in the drinking-water facilities, and in the lunch- and cloak-room accommodation; and also in the safety devices and guards on machinery. In her first aid room, the nurse has unlimited opportunities for teaching health promotion; but to do this wisely she must know her plant thoroughly, in order that she may have a correct picture of the work and surroundings of the worker.

But not only is it necessary for the industrial nurse to have a definite knowledge of the worker at his work; she must, to do a constructive piece of work, know the home surroundings. Her home visits, by the way, are not paid to detect malingering, but with the object of being of assistance to the absent employee. If she can render him a service which enables him to return earlier to his work, both he and the management profit; but the nurse should never be asked to act in the capacity of a detective; let such an idea be created in the minds of the workers, and her opportunity for real service is greatly limited.

The industrial nurse will have a full knowledge of outside agencies, which will enable her to co-operate with hospitals, visiting nurses, dispensaries, social workers, etc., to the advantage of those she works with. The applications to the nurse for advice, once she has gained the friendship and confidence of the workers, seems limitless. On going over a day's record, it would seem that she has attempted to rival Solomon if she has advised on all the various matters she has had referred to her.

In some industries the nurse is in charge of the cafeteria—in others she may do the employing of female labor; but in the average-sized plant it is usually the custom for the nurse to spend her time in rendering first aid and visiting sick absentees, and the performance of the many additional small duties which develop in the work of the interested, intelligent nurse.

The work of the industrial nurse is not standardized; each position makes its own demands; but the fundamental necessary training is the same for any industry. It is then the duty of the nurse to develop her work.

The success of the trained nurse in industry depends partly on training, largely on personality. In addition, she must have a well-developed spirit of co-operation. She must not be too hasty in her efforts to change conditions she may not approve of, nor in attempting to do too big a piece of work. Her employer will appreciate her efforts to study the situation in order that she may render the finest type of service; and, as she shows good judgment and resourcefulness, opportunities will quickly be given her to be of growing usefulness in the plant.

The records kept by the nurse in an industry are, as a rule, of a simple but accurate type. These records are of value, not only to the nurse herself, but to her employers. They show, first, that the nurse, in rendering first aid, has not attempted to usurp the place of a physician or surgeon, the subsequent care given sick or injured being done only under

the advice of either the plant doctor or the employee's family physician. These records assist in pointing out plant hazards or faulty conditions which may be a menace to the workers, and, finally, they show the employer results for the money he has invested in the nursing service.

In conclusion, let me sum up some of the opportunities of the trained nurse in industry, as given by Miss Wright in her book on "Industrial Nursing":

1. In promoting pleasant industrial relations.
2. In reducing the result of accidents, by first aid and subsequent care under direction of the surgeon.
3. In shortening illness, by co-operation with the physician.
4. In searching out the causes of illness and, through co-operation with the management in the plant and outside agencies in the community, assisting in their removal.
5. Through her knowledge of the facilities of the plant and the processes carried on, she can assist in the rehabilitating of sick and injured employees by using her influence to have them put at work suitable to their disability.

The smaller companies have not, as a general rule, felt the necessity of appointing a nurse, due primarily to not realizing the situation, and also due to a mistaken idea that the costs of such an innovation are prohibitive, and that it is rather the action of a philanthropist than of a business man.

This little paper has attempted to show that not only in the development of pleasant industrial relations (which in the rush of modern times is apt to be lost), but also from a commercial standpoint in reducing time lost from accident and sickness, the nurse is of considerable benefit to industry.

For the nurse herself there is a very great pleasure in this work, for, if she has the broad vision, opportunities are presented to carry on a very generalized public health campaign, as she is in daily contact, through her plant and home connections, with pre-natal, infant welfare, tuberculosis cases, etc., together with a large share of social work. She has, perhaps, more often the happiness of carrying a case to completion than if her field of activities were greater, for, if she has developed not only her own spirit of co-operation, but that of the entire plant, she may in her little world reap results that are sometimes denied the worker in a larger field.

Question not, but live and labor till your goal be won—
Helping every feeble neighbor, seeking help from none.
Life is mostly froth and bubble, two things stand like stone:
Kindness in another's trouble, courage in your own.

Who? What? Where? When? Why? How?

By Robert E. Wodehouse, M.D., D.P.H.,
Secretary Canadian Tuberculosis Association.

It is my intention to try and make this article you have been good enough to consent to publish follow the six questions outlined by Bruce Millar in the March, 1923, issue of *Michigan Public Health.*

Who?

Who should be interested in tuberculosis in Canada? Certainly all humane-thinking people desiring the alleviation of suffering and the lessening in number of premature deaths. Those interested in economics will seek to reduce any financial loss which is controllable. The loss from this form of preventable illness responds to every effort by curtailment which can be established and measured. Finally, those who have had this disease, have it now in active clinical form, or who may be unfortunate enough to develop active clinical tuberculosis, are certainly more than interested in measures proposed to reduce the incidence of prevalence of tuberculosis. There are very few people who, in their sober, serious moments, would not fall into one at least of the above three groups. Nurses, whether occupied entirely in public health work or otherwise, are concerned whole-heartedly in all three.

What?

What is the state of affairs in Canada to-day? In the year 1921 we had in the nine provinces 7,694 deaths from tuberculosis. The total deaths from cancer for the same area and time differed by two. Our tuberculosis death rate was 87 per 100,000 people. The first six months of 1922 gave evidence of a further slight decrease. The bulletins of the Canadian Tuberculosis Association give these figures in more detail. We have in 1923 in Canada 4,103 sanitarium beds for the treatment of tuberculosis, and 10 per cent. of the general hospital beds receiving provincial government grants in Alberta, British Columbia, Manitoba, Ontario and Saskatchewan are available for the tuberculous. There are 4.6 sanitarium beds for every 10,000 people. Last year provincial governments made grants for upkeep of tuberculosis patients, occupying 3,359 beds, for a total of 721,235 hospital days, amounting to $1,011.079.23. Twenty-five Canadian sanitaria reported, for 1922, a total of 1,016,774 hospital days' treatment in 3,456 beds. The average per caput per diem cost reported was $3,009. We have at the present moment, thanks to the generous financial assistance of the Canadian Red Cross Society, three surveys of children of pre-school and school age going on in South Vancouver, B. C., Dundas and West Flamboro in Ontario, and Victoriaville, P. Q. The Ontario Division of the Canadian Red Cross gave an additional cash grant of $2,500.00 to the Ontario survey. There are 48 chest clinics reported to us for 1922, outside of the institutions for the

treatment of this disease. The Ontario Red Cross has set aside, at the request of the Canadian Tuberculosis Association, $2,500.00 to assist in paying the expenses for municipalities having public health nurses, of expert chest diagnosticians from the different sanatoria medical staffs visiting their chest clinics. The above is only a partial statement of Canada's present status in so far as the cause of the tuberculous is concerned and does not mention the splendid effort for ex-service men being made by the Department of Soldiers' Civil Re-Establishment and by the Tuberculous Veterans' Association.

WHERE?

Where is our present most pressing need? It is that we are not getting a sufficient number of the tuberculous diagnosed and under treatment sufficiently early in the clinical progress of the disease. All sanatoria state that cases coming from areas outside the influence of efficiently manned and conducted chest diagnostic clinics are still applying for admission in the advanced state of the disease. Efficient clinics have changed this state of affairs in their area of influence by, first, stimulating the local medical profession to take a keener interest in diagnosing chest conditions, reporting their tuberculous findings, and persuading their patients to accept treatment at once; second, follow-up nurses have interested the other members of the home in offering themselves for examination to make sure they have no symptoms; and, third, the successful clinic soon is known to all, is favored by all, and, although people go to their own physician for examination and treatment, the knowledge of the importance of seeking medical guidance early may be considered as one of the community influences of the diagnostic clinic.

WHEN?

When may we hope to actually reduce tuberculosis to the same place of impotence that typhoid fever occupies in well-organized communities? At the time people present themselves in sufficient numbers for early examination, accept treatment immediately they are diagnosed, and the public health authorities receive immediate notification so that public health nurses may institute better conditions in the home and get all contacts under efficient supervision. There must be included a pasteurized milk supply from tested, tuberculosis-free cattle. There must be provision for care of children intimately exposed to infection from adult cases. There must be facilities provided to assist arrested or cured cases to be able to take on the physical strain of wage-earners gradually and without deprivation of physical needs for their families and themselves.

WHY?

If this is not provided, his anxiety to be self-supporting—in fact, his dire economic need—forces the case, favorably progressing to cure, to overstrain his vitality by working too soon and at too great a physical cost, which results in relapse. All the costly successful work of prolonged

treatment has become, for the most part, wasted. The patient is more apt to be permanently unfit, and may, after prolonged, costly care, eventually succumb. The "Song of the Shirt" has aptly said, "You wouldn't take a blind man half way across the street and then leave him at the mercy of the traffic!" Neither is it safe nor kind to send the tuberculous away for treatment and then leave them to the mercy of unsuitable employment."

We must study the predisposing conditions, both social and physical, which must be altered to decrease the incidence of tuberculosis. We must keep the sanitarium beds we have provided, at great cost, full to capacity, endeavoring to salvage all the human unfortunates we can. This means we must get more early cases to accept treatment, as three institutions in Canada have written to us that they each had over 40 beds vacant (pavilion beds suitable for ambulant cases). There is no shortage of cases of this type; at least 15,000 to 20,000 in Canada are urgently in need of such treatment. We must become more interested ourselves and interest others more. Read Dr. Livingston Trudeau's "Autobiography." Visit sanatoria every opportunity you have. You will find their beds occupied by most charming characters. The experience will mellow your heart. You will not be infected with the disease, but will be imbued with an intense desire to do more to stem the progress of this insidious disease. You will be more keenly interested in these thousands of sufferers, who cheerfully carry on. Someone called the late Phil LeNoir's New Mexico home a God-forsaken country. He was there for the help it gave his tuberculosis. His verse replies:

Wall, I smiled, while he was talkin', sort o' tolerant and kind;
Told him how he was mistaken; that instid he'd shorely find
We was far from God-forsaken in the land o' healin' peace,
Thet to me He seemed much nearer than He used to seem
back East.

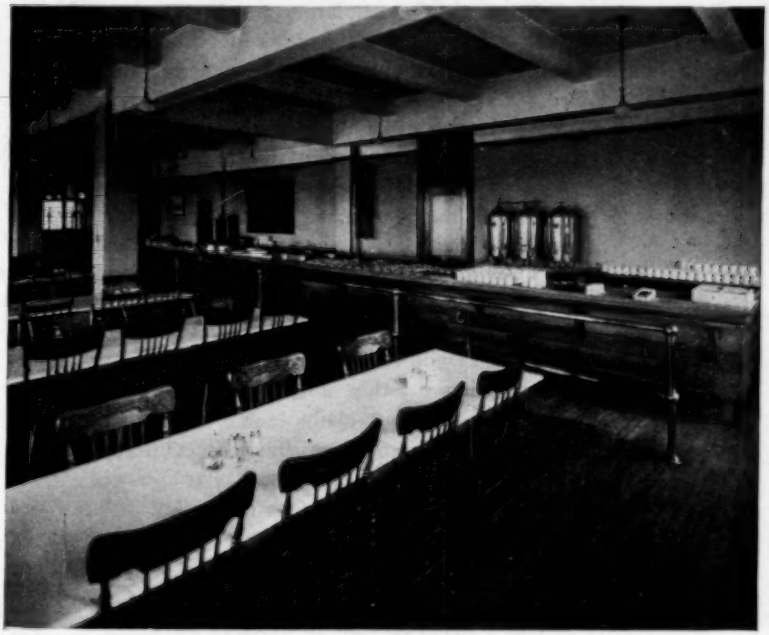
Management of Cafeteria for Employees as part of Welfare Work of a Trained Nurse

By Margaret F. McKeown,
Dominion Express Company

Prior to the installation of our employees' cafeteria, the number of employees reporting indigestion, headaches, and other analogous temporary indispositions, was such as to warrant a nurse making special inquiry as to the cause—whether due to improper diet, irregular food, insufficient rest, or the various other reasons which nurses understand as being contributory causes. Our company has a splendid general office building, and previously had a luncheon-room, where employees could

obtain tea, coffee or milk to supplement the luncheons they brought with them from home, or the box luncheons they purchased from the supply companies making a specialty of office box luncheons.

After considerable investigation I became convinced that the most important measure was to provide, if possible, a proper, regular diet at a moderate cost. Our officials gave me their utmost co-operation, and welcomed my offer to take charge of an employees' cafeteria as part of the welfare work.



The Dominion Express Employees' Cafeteria
Head Office, Toronto, Canada

A modern cafeteria system was therefore installed two years ago, giving to the employees lunch at the cost of the food, its preparation, and service involved. No charge is included in the cost for rent of space, light, heat, nor interest on the capital expenditure, but the charge includes the renewal of equipment.

During the two years of operation, I have taken a great deal of pleasure in observing the improvement in the health of the employees generally. The cafeteria has been of great benefit to all employees, more particularly to those not living at home. A full-course meal is provided, or a lighter luncheon for those who so desire. Our officials have expressed to me their gratification at the decrease in the number of absentees due to temporary illnesses, and in the increased efficiency, which they ascribe to a very appreciable degree to our work in the cafeteria,

and they express the opinion that the company has been well repaid for its initial capital expenditure.

In connection with the cafeteria there was established an employees' recreation, lounge, or rest room. After luncheon the employees do not remain in the cafeteria, but retire to the recreation room, where they may spend the balance of their luncheon hour in reading, games, or chatting together, thus giving them the needed relaxation before resuming their work for the afternoon, and tending to make it possible to get the best results from the service of pure food in the cafeteria. It also makes it possible to accommodate a very much larger number in the cafeteria, as no person would be there more than thirty minutes, and, by arranging different luncheon hours—that is, relays of ten or fifteen minutes—all congestion is avoided.

I have found the management of the cafeteria congenial, and consider it well worth while to have employees' cafeteria management included as part of the curriculum in the course of an industrial nurse. My duties consist of deciding the menu, ordering the necessary food supplies, engaging help, supervision thereof, whether in the preparation of the food, the serving of it, or in keeping the kitchen premises and utensils in a sanitary condition. I check and approve for payment the accounts for all supplies received, and assist in accounting for the daily receipts; but I am relieved from the detail of keeping the accounts of revenue and expenditure, and of preparing monthly statements. This phase of my work occupies approximately two hours daily.

The following sample menu would possibly prove interesting:

Thursday, June 14th, 1923

SPECIAL CLUB LUNCHEON, 35 CENTS

Soup
Meat
Potatoes
One other Vegetable in Season
Dessert
Bread and Butter
Tea Coffee Milk

A LA CARTE

Cream of Tomato Soup, 6c
Spring Lamb with Mint Sauce
and Potatoes, 16c
Green Peas, 6c
Fruit Salad, 6c
Pie a la Mode, 10c
Pie (several varieties), 6c
Rice Pudding, 6c
Rolls or Bread and Butter, 5c
Milk (half-pint bottle), 5c
Tea or Coffee, 4c

As I said above, during the two years the cafeteria has been functioning I have never regretted having undertaken the management of this work as part of the regular welfare programme, and I believe that it offers the industrial nurse many opportunities for getting into closer personal touch with the employees.

Preventive Dentistry Methods Employed in Halifax Pre-School Age Dental Clinic

By ARRABELLA C. M. MACKENZIE,
D.D.S., D.D.C., L.D.S.,
Paedodontist, Massachusetts-Halifax Health Commission,
Halifax, N. S.

The pre-school age dental clinic of the Massachusetts-Halifax Health Commission was opened in February, 1921, and operates three half-days per week.

The intention of this department is to encourage and practise preventive dentistry, i.e., instruction in proper tooth diet and mouth hygiene. To make this instruction effective for the present, much reparative dentistry must be done in remedying existing defects. When we have had a generation who have been reared on proper tooth diet, beginning with the pre-natal period, we may then have attained our objective. In the two and one-half years of its existence, the pre-school age dental clinic of the Massachusetts-Halifax Health Commission has justified its existence by producing perfect mouths in children brought under this tuition. Furthermore, the school dentists of Halifax have already voluntarily made special report to the school authorities of the notable changes observed by them in children entering school during last session who have had from one year to eighteen months in the pre-school age dental clinics.

There are three distinct divisions in the work of these clinics.

1. That which deals with the expectant mother.

The expectant mothers are taught proper tooth nourishment, that the deciduous teeth are fully formed in the baby's jaw at birth, and as to whether these are properly enamelled or not depends upon the mother's diet and general health. She is instructed what foods contain enamel-building constituents—such as milk, whole wheat, fresh fruit, and leafy vegetables. This tuition is carried into the homes by the public health nurses and visiting housekeepers, and emphasized by the physicians in the special pre-natal clinics.

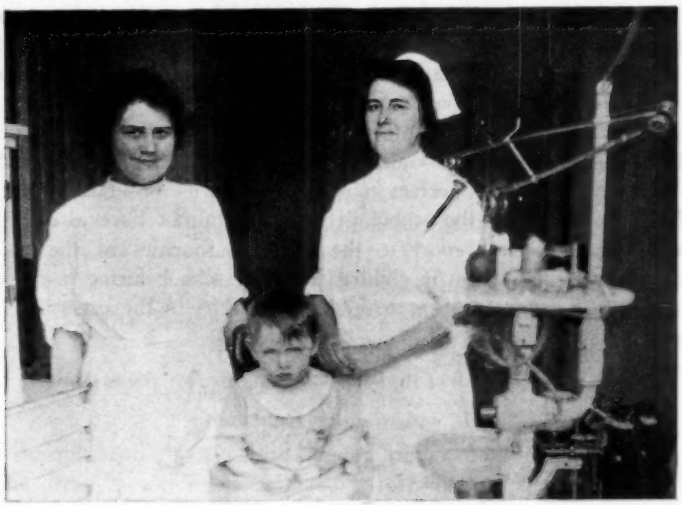
2. The infant after the first tooth appears.

The baby is brought to this clinic every three months after the first tooth appears, or, if detention be unduly delayed, when the mother receives further instruction in oral prophylaxis and diet as directly applied to the child. The child's teeth are inspected and cleaned.

The nurses, in their subsequent teaching in the homes, constantly impress upon the mothers that unless the child is given proper food—during the first year mother's milk, then good whole milk, and, as soon as possible, fruit, leafy vegetables, oatmeal porridge, and whole wheat bread—they will not have strong, well-enamelled teeth.

3. Repair work.

Much reparative dentistry is done in this clinic upon children under six years of age who have been improperly nourished and whose mouths have been neglected. All abscessed, deciduous teeth are extracted, under nitrous oxide gas and oxygen when advisable; all cavities of any size in deciduous teeth are filled with copper cement; all small cavities, and teeth with defective enamel, are smoothed off with a piece of fine stone, and silver nitrate precipitated into the exposed dentine, which prevents further decay. All extraction cases are visited, that same afternoon and the following morning, by the nurse to insure against continuous bleeding or infection.



This child has been under the supervision of the Pre-School Age Clinic for two and a-half years, being registered when less than six months of age. She has a perfect set of teeth.

Over four hundred babies and young children attend the clinic at present. Below is a total of the clinic work done in 1922:

Visits, 761; fillings, 547; extractions, 904; silver nitrate precipitation, 3,138; prophylaxis, 660.

In addition to instruction given in the clinic during 1922, three thousand seven hundred and ninety-four (3,794) instructional visits were made to the homes of these patients by public health nurses and visiting housekeepers (nutrition specialists). In these home visits the clinic

One of the many pre-school age children regularly attending the Dental Clinic; the mother, as usual, being present to receive instruction as well as the child.

teaching was repeated, and efforts were made to hold families to practical appreciation of the lessons impressed at the clinic.

After one generation following this instruction, dentists must seek a livelihood in some other field than reparative dentistry.

Note:—Dr. Arrabelle C. M. Mackenzie, who contributes the article in *The Canadian Nurse* on "Preventive Dentistry," was the first woman to graduate from Dalhousie Dental School, and the first woman to take a course in prophylactice and preventive dentistry at the Forsyth Institute in Boston.

It will be of further interest to readers of *The Canadian Nurse* to know that Dr. Mackenzie organized the first pre-school age dental clinic in Canada, and, had it not been for delay in arrival of equipment, would have organized the first pre-school age dental clinic in the world. The equipment, however, was all ordered before any other similar clinic was organized.

Dr. Mackenzie was given the title of Paedodontist in connection with her clinic services, and in this respect is the first dentist—so far as we are aware—in Canada who is specializing as a paedodontist.

NEWS ITEMS

QUEBEC

Convocation at McGill took place May 29th. Miss Helen Reid and Miss Philips, of the Red Cross, entertained in honor of the 1922-23 class of the School for Graduate Nurses. They themselves gave a delightful farewell tea, at the Windsor, the Saturday previous to convocation.

Miss E. B. Seaman (Teachers' College, 1920-21), formerly assistant superintendent of the Bridgeport, Conn., Visiting Nurse Association, is now assistant to Miss Moag, of the Victorian Order of Nurses, Montreal.

Miss Isabel McMann has come recently to Montreal from Yarmouth, Nova Scotia, to take charge of the Social Service Department of the Western Hospital, Montreal.

Miss Annie Curwell, a graduate of the public health course, School for Graduate Nurses, McGill University, who held the Mildred Forbes scholarship 1922-23, has accepted the position of supervisor of the Central District of the Victorian Order of Nurses, Montreal.

A large delegation from Quebec attended the meetings of the Canadian Association of Nursing Education in Toronto early in June. Another group from Montreal, consisting of Miss Samuels, Miss Hersey, Miss Young, Miss Moag, Miss Nash and Miss Smellie, went to Swampscott, the week of June 18th, for the National League of Nursing Education Convention.

ONTARIO

The first meeting of the Ontario Public Health Committee for 1923-24 was held at the Graduate Nurses' Culb, Toronto, on June 14th, 1923.

The committee is composed of nurses representing the various types of public health nursing and kindred work being carried on in the province: Provincial Department of Health—Miss Knox, Miss Hamilton, and one nurse from each of the eight health districts; Provincial Department of Education—Miss E. K. Jamieson and four supervising nurses; Mothers' Allowance Commission of Ontario—Miss Dorothy Farncomb; Red Cross Society—Miss Wilkinson; Victorian Order of Nurses—Miss Edith Campbell, of Toronto, and Miss Cole, of Ottawa; Department of Soldiers' Civil Re-Establishment—Miss Rogers; Hospital Social Service—Miss J. M. Kniseley; Industry—Miss Edith Morrison, chairman of the Sub-Committee on Industry; Volunteers—Miss Barbara Blackstock; University Departments—Miss E. K. Russell, of Toronto, and Miss M. E. McDermid, of London. Miss Cook, president of the G.N.A.O., is a member of the committee, ex-officio. The officers of the committee are Miss Eunice H. Dyke, convener, and Miss J. M. Kniseley, secretary. It is hoped to further enlarge the committee by the addition of nurses in touch with the rural districts.

The relation of the C.N.A.T.N. to the committee was made clear by Miss Florence Emory, chairman of the National Public Health Section, and the secretary, Miss Muriel McKay. Miss Laura Holland explained the purpose of the Public Health Department in the "Canadian Nurse," and Miss Beryl Knox was appointed to represent Ontario on the Publications Committee of the Public Health Department of the C.N.A.T.N.

Three members of the executive of the G.N.A.O. contributed to the discussions of the committee—Miss Beatrice Ellis, secretary-treasurer; Miss E. MacP. Dickson, acting inspector of training schools, and Miss Cook, president.

The enrolment of the nurses of the province in the Public Health Section of the C.N.A.T.N. was made the responsibility of the eight district nurses of the Provincial Department of Health, with the co-operation of nurses engaged in special branches of health work. The committee will take an interest in securing complete registration of graduate nurses engaged in public health work, and will co-operate with the Red Cross in their enrolments for emergency service.

MANITOBA

Miss Katherine Van Allen, graduate of Winnipeg General Hospital, who has just finished a six-months' public health course in Toronto, has returned to the city.

Miss Sheridan has accepted a position with the Metropolitan Life Insurance Company for July and August.

Miss M. A. Simpson has resigned from the staff of the Manitoba Provincial Board of Health.

Miss M. Hodge, who has taken an extension public health course in Columbia University, has returned to Manitoba, and will again take up her work with the Provincial Board of Health.

ALBERTA

Miss Anna Belcher, P.H.N., has accepted a position as school nurse with the Edmonton City School Board.

Miss J. Mayson, P.H.N., is filling the position of district nurse in the recently organized district around the Lesser Slave Lake.

Miss E. Elizabeth Smith, R.N., provincial district nurse, Golford, is on three months' leave, holidaying with her people in Kent, England.

Miss Girling, P.H.N., is relieving during Miss Smith's absence.

BRITISH COLUMBIA

Miss Josephine Peters, R.N., of the Rotary Clinic staff, Vancouver, is recovering from an operation at the Vancouver General Hospital.

Miss McBride, formerly of the S.C.R. Social Service staff, Vancouver, has secured a position with the Child Welfare Association, Reno, California. We are sorry to see so many of our public health nurses going to the United States for positions.

Mrs. Bellamy has returned to duty with the School Board of Vancouver after six months' leave, when Mrs. L. Oliver substituted with the school nursing.

Miss E. G. Breeze, supervisor of school nurses, Vancouver, is taking the summer course at the University of California, Berkeley.

Miss Elinor Wade (Vancouver General Hospital and C.A.M.C.) has been appointed public health nurse at Arrowhead, B. C.

Miss Kathleen Sanderson, formerly of the Social Service Department of the Vancouver General Hospital, has been awarded the scholarship given by the Royal Victoria Hospital, and will take a course at McGill University.

Miss McNaughton (U.B.C., 1923) has secured a position with the Department of Public Health, Montreal.

Miss Claxton (U.B.C., 1922) will relieve at the Rotary Clinic during the summer holidays.

Miss W. Goddard (U.B.C., 1923) is at present on private duty work in Seattle, Wash.

Miss M. B. Sanderson has resigned from her position with the City Relief Department, Vancouver, to be married to Mr. H. B. Rose, late of Vancouver, but now of San Francisco.

VITAMINES INDISPENSABLE FOOD FACTORS

Vitamines are, in reality, indispensable food factors. Since they are present in most natural foods, we have eaten them ever since man appeared on this earth—we ate them without knowing that they were in the food. The vitamine discovery really consists in proving that most natural foods contain small quantities of substances indispensable to life—substances which, because of their presence in such small quantities, were overlooked in the past. If vitamines are really indispensable to life—and an innumerable number of experiments prove this—then the very fact that life has existed on this planet these many thousands of years is evidence that the food man has eaten has always contained vitamines.—CASIMIR FUNK, Ph.D., D.S.C., and BENJAMIN HARROW, Ph.D., in *The Health Builder* for March.

Private Duty Nursing Department

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

National Convenor—Miss Edith Gaskell, 397 Huron St., Toronto.

Convenor Press Committee—Miss Clara A. Brown, 86 Avenue Rd., Toronto, Ont.

Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.

Quebec Representative—Miss Florence Thompson, 165 Hutchison St., Montreal, Que.

Ontario—Miss Helen Carruthers, 572 Sherbourne Street, Toronto, Ont.

Manitoba Representative—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.

Saskatchewan—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.

Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.

British Columbia Representative—Miss Marion Currie, 2707 Hemlock St., Vancouver, B. C.

Some General Remarks on Radium

By H. E. MUNROE,
O.B.E., M.D., C.M., F.A.C.S.,
Saskatoon.

The fundamental principle underlying the peculiar properties of radio-active elements is the spontaneous disintegration of their atoms into atoms of physically and chemically different substances. According to Rotherford, an atom of any element is composed of a nucleus of positive electricity, surrounded by a system of negative electrons rotating around the centre. The total electrical charge of the rotating electrons is just enough to balance the positive electricity of the nucleus. The characteristics of the atom is determined by the number and arrangement of the electrons and the nuclear charge. The atoms of some elements are less stable than others, and a disruption of the nucleus occurs spontaneously—a violent explosion of the atom results, and a complete rearrangement of both inner and outer systems to form an atom of an entirely different element. Usually this phenomenon is accompanied by the explosion of electrically charged particles, travelling at high velocities, and sometimes by a type of X-radiation.

In the case of radium, the disintegration of any given amount takes place very gradually, although the disruption of an individual atom is a sudden change of explosive nature. When this occurs, a positively charged particle of relatively small mass, now known to be helium, is suddenly expelled at high velocity; while the residual atom, by rearrangement of the electrons, becomes an atom of a new substance. The particle

expelled is called the Alpha ray, while the new product is radium emanation. Radium emanation is a gas even less stable than radium; consequently disintegrates in a similar manner, but at a much more rapid rate.

The expulsion of an Alpha particle from the atom of emanation causes the residue to coalesce into another new particle, called Ra. A., which, by further consecutive changes, gives rise to Ra. B. and Ra. C. It is these latter elements that emanate the Beta and Gamma rays that are so valuable as therapeutic agents.

There are three distinct types of radiation emitted from radio-active bodies, which have been called the Alpha, Beta and Gamma rays. A very close analogy exists between the rays and the rays produced in an ordinary X-ray tube. The Alpha rays are analogous to the Canal rays; Beta rays are practically the same as Cathode rays; while Gamma rays are very similar to the Roentgen rays. The principal differences are that the Alpha and Beta particles are expelled at higher velocities than the Canal and Cathode rays; and Gamma rays are more penetrating than X-rays, and their dose can be more accurately estimated, as it depends on the constant properties of Ra., and not on the variable conditions that result, and effect the nature of the X-rays produced by an electron current passed through a vacuum tube.

Alpha rays are positively charged particles of approximately one-tenth of the velocity of light. The penetrating power of the Alpha rays is exceedingly small, a sheet of ordinary writing-paper being sufficient to absorb them completely. In any tube of radium, the Alpha rays are absorbed by the glass, and in flat applicators by the varnish or enamel. They are of little practical value in radium therapy, according to present knowledge.

Beta rays are negatively charged corpuscles of a velocity nearly equal to that of light. They are 100 times more penetrating than the Alpha rays, and are not completely absorbed unless the container is surrounded by a 2mm layer of lead. They are very useful where only superficial effects are required, and where the radium is in direct contact with diseased cells.

Gamma rays are not corpuscular, but consist of electromagnetic disturbances similar to ordinary light waves. By virtue of their short wave length, they possess greater penetrating powers than X-rays. In the terminology of the X-ray therapist, they are "harder" than even the hardest X-rays produced. They are 10-100 times more penetrating than Beta rays, and several centimeters of lead will not completely stop this type of radiation.

Secondary Rays

These three primary forms of radiation produce secondary rays when the primary rays impinge on matter. Those produced by Alpha and Beta radiation are of little importance. Gamma rays, however, in

traversing matter, produce both Beta and Gamma secondary radiation. From a therapeutic standpoint, the secondary Beta rays produced by the passage of Gamma rays through a metal screen must always be considered, and an additional absorbing material—such as a few layers of rubber—must be provided for this purpose. Radium, therapeutically, is used in the form of one of its salts, either the soluble chloride and bromide, which, on being dissolved, provides a radium solution as a source of radium emanation, or the insoluble sulphate, which is the one usually employed.

A knowledge of the biological reaction of tissues to radiation enables us to interpret correctly their therapeutic value, and assist us in the choice of the quantity and quality of rays to be employed.

During the first few years of its use as a remedial agent its advocates met with a considerable amount of opposition, and their claims were received with scepticism by the more conservative members of the medical profession. This conservative attitude, in regard to new remedies, obviously has its drawbacks; but it undoubtedly has the corresponding advantage that it tends to check their indiscriminate use at a time when they are still more or less in the experimental stage. At the present time, however, this has disappeared, in view of the brilliant results it has achieved.

In estimating the value of radium treatment in cancer cases, it should be borne in mind that its advocates do not claim that it supercedes surgery (except in cancer of the skin or lips), but that it is a valuable adjunct to surgery in helping to prevent recurrences after operation, in rendering inoperable cases operable, and that it has proved itself to be one of the best palliatives we have in cases in which operation is impracticable, and in many such cases has brought about apparent cure. This being so, it is obvious that, in a large proportion of cases, radium is used as a last resort—sometimes when the patients are in a moribund condition, and when all other measures have failed to give relief. This should, therefore, be taken into consideration in estimating the results. In such instances, even if we succeed only in alleviating the distressing symptoms and giving the patient a certain amount of comfort, the treatment will have justified itself, and radium will have accomplished what nothing else is capable of doing. That radium is now employed as the treatment in preference to surgery in non-malignant conditions, such as naevi, keloids, lupus-vulgaris, tubercular glands, etc., gives some conception of the range of radium therapy and its value as a therapeutic agent.

How soon a smile of God can change the world! How we are made for happiness—how work grows play, adversity a winning fight.

ROBERT BROWNING.

Pupil Nurses' Department

The Introduction of Student Government into the Royal Victorian Hospital, Montreal

By C. E. Brewster, R.V.H.

The institution of a Student Government Association in the training school here came as the result of a growing recognition on the part of both staff and students of the need for some such organization. The condition which made this need most generally and keenly felt was, perhaps, though by no means the chief or only consideration, the difficulty experienced in promoting social and athletic activities in the school. These had not kept pace with the growth of the school; and under the existing system it was impossible that they should do so, for, while each class might, and did, have sufficient machinery to carry on business with its own members, there was nothing to link together the various classes. Consequently, in matters pertaining to the entire school, the initiative had to be assumed either by some member of the staff or by an individual student. Although there was always a minority ready to do its fair share, and more, in the common interest, generally speaking, the old saying, "What is everybody's business is nobody's business," held true; so that with the growth of the school came an increasing difficulty in getting in touch with all students. Those interested were convinced that time and an organization would both further athletic attainments proportionate to the membership and provide more opportunities for recreation and entertainment.

Another argument for organization was that, without it, the student body had no representative voice. This is an obvious and serious drawback in many circumstances which arise in one's own hospital. At a time when student government is firmly established in so many institutions, both in Canada and in the United States, it is more—it is a handicap to the school itself; for its members are debarred from general citizenship and isolated, since only incidentally can they gain information as to progress in other hospitals and the community at large. Many opportunities for advancement are thus lost. It was believed that the influence of an organization could be far-reaching.

Then, again, there was the problem of the control of student conduct in residence. Probably there is bound to be considerable difficulty in the enforcement of such rules as are necessary in residential life. But a central authority, as represented by the superintendent of the training school or her assistants, is in this case confronted by two obstacles which a student body does not have to override. The latter are living with the students and know what is going on. To learn this, the former has to

exercise a supervision close enough to cause constant petty irritations on both sides. In the second place, the students feel less obligation to keep rules for the making and administering of which they are not responsible. Those concerned thought that student control in the residence would be more satisfactory to all and would tend to work more and more smoothly as time went on.

The senior class of 1923 were the first to assume the responsibility of putting this idea into definite form. After considerable discussion the class met in the spring of 1922 and organized itself along the usual lines. Acting on their advice, and with the consent of the superintendent of the training school, the officers called a mass meeting of the school for the purpose of considering the advisability of adopting student government. This was in October, 1922. The proposition was well supported, and, after some discussion, was passed unanimously by the meeting, the trial period to be one year. From constitutions in use in sister institutions, the senior year had drawn up a suggested constitution. This was read, and voted on clause by clause. The clauses as accepted formed our provisional constitution. According to the constitution, nominations were then called for the following officers: President, vice-president, secretary, treasurer, and social convener. Nominations were also taken for the members of the court of appeal, and each half-year was instructed to elect its own representative, the superintendent of the school to be honorary president. A second meeting was called one week later for the election of officers. These, together with the class representatives, constituted the Students' Council, with power to deal with all matters pertaining to student conduct in residence. The superintendent of the training school, her assistant and three head nurses had the right of final judgment in any matter. Before the meeting adjourned the current rules and regulations of the home were read, discussed, and, with but a few slight changes, accepted. The meeting also fixed penalties for the breaking of the rules. This completed the work of organization.

An institution of six months' standing can not have a long history of progress and achievement; but it may be of interest to those in other schools who are contemplating organization to learn what has been done in the first six months, and how far its record justifies the hopes with which it was launched. In the first place, we have the work it has done in promoting social and athletic activities. Under the direction of the social convener, an annual dance was given to each class; arrangements were also made whereby class teas may be given on Sunday afternoons, the number given depending on the will of the classes. These opportunities for entertaining their friends have been appreciated by the students. A skating rink was provided in the winter. This spring the office of tennis manager was added to the executive. Through the efforts of this officer in arranging tournaments, the tennis court has been put to more general use than formerly. A librarian was also appointed, and a seldom-used library turned into a reading-room; its row of classics, near-

classics and contributions were unlocked, and a number of current publications provided for the reading tables. Two addresses by outsiders have been given at mass meetings; a representative was sent to the Student Christian Movement Conference in Toronto in January, and the Council are planning to send two representatives to the conference at Elgin House this summer, money for their expenses having been raised at a bazaar given by the nurses.

In its control of rules and regulations, the Council has not attempted many changes. Probably student administration does tend to extended privileges; but the feeling here is that the slight increase in liberty, whether regarded as baneful or beneficial, is more than offset by the stricter observance of the standing rules.

This is, in brief, the year's record. It is sufficient to say, in closing, that the general attitude is one of satisfaction rather than regret at the step taken, and it is confidently expected that the benefits springing from it will be increasingly evident as time goes on. There was not one dissenting voice at the annual meeting, in May, when it was voted that the provisional constitution and rules be accepted as the constitution and rules of the association.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

The sixteenth annual convention of the Canadian Association of Nursing Education was held in Toronto, June 6th to 9th, and the concensus of opinion was that this convention excelled all previous ones, both in point of numbers and in the high quality of the varied and interesting papers read and the discussions that followed.

The hospitality accorded by the Toronto nurses and the civic authorities was just one more proof of the reputation the Queen City has earned for herself along these lines.

It was much regretted that, owing to illness, the president, Miss M. A. Catton, was not present; but the meetings were presided over by Miss F. M. Shaw, first vice-president, who was the unanimous choice for president this coming year.

Fuller reports of the convention will appear in the Canadian Association of Nursing Education Department in subsequent numbers.

Hospitals and Nurses

QUEBEC

Montreal General Hospital

Miss Louise McLeod is supplying at the M.G.H., in the assistant superintendent's office.

Miss Lily Gray, V.O.N. service, has been transferred from Montreal to Renfrew, Ont.

Miss E. Barnes (1922) has resigned as first assistant to the night superintendent, and has been succeeded by Miss Estelle Smellie (1923).

The sympathy of the Alumnae members is extended to Mrs. Leggo (Miss Moody, 1919) in the loss of her father.

Miss Christine MacKay (1922) is on the V.O.N. staff, Montreal.

During the summer a graduate from the M.G.H. is on duty on the Saguenay steamer "Eternity." Miss Clara Jackson (1922) was the first this year to take this service.

Miss Beatrice Hadrill has returned after a lengthy sojourn in California, motoring to California from New York with two graduates, Misses Leon Owens and Fraser (1919).

The assistance given by an offer of free room space in the Hotel Ritz-Carlton to the nurses of Montreal for a bazaar in aid of the Nurses' Club House is much appreciated by all nurses living in Montreal. Miss A. Jamieson, 10 Bishop Street, is general convenor, and asks the help of Montreal nurses who are out of the city for donations to this object.

The graduation exercises of the 1923 class was held June 15th, when thirty-nine students received their diplomas, at the hands of Lieut.-Colonel Herbert Molson, C.M.G., M.C., after the opening address. H. A. Lafleur, B.A., M.D., addressed the nurses. Prizes for general proficiency were won by Miss D. McCarogher in the first section of the class, and Misses E. Robertson and A. MacTier divided the honor for the second section. The Mildred Hope Forbes prize was won by Miss H. McCuaig for the first section and Miss E. Robertson in the second section of the class. The Alumnae entertained the graduating class at dinner at the Ritz-Carlton Hotel in the evening, 140 nurses being present.

The following nurses formed the class: Madge Baldrey, Myrtle R. Bennett, Jane Isabella Brown, L. Carmen Budd, Florence A. Cluff, Marie L. Des Barres, Matilda N. DeVere, Emily G. Dwane, Ruth Foster, Evelyn Grandmaison, Nina M. Howlett, Anna Mae Hutt, Mary M. Kell, Margaret R. Lawrence, Hilda G. Little, Elizabeth J. Low, Adeline W. MacTier, Grace H. MacConachie, Dorothy K. McCarogher, Helena C. McCuaig, Katherine MacKenzie, Muriel L. MacCollum, Anna M. McLeod, Mary J. McRae, Gertrude Morewood, Gladys M. Parham, May O. Park, Kathleen M. Prince, Elizabeth M. Robertson, Marguerite G. Russell, Violet G. Saucier, Matilda M. Shaver, Ivory V. Shipman, Estelle S. Smellie, Jean M. Smith, Eileen G. Sullivan, Annie Edythe Ward, Inex Ellen Welling, Marjorie H. Whelpley.

Royal Victoria Hospital, Montreal

Hearty congratulations are being given Miss Vivian Freeze (1920) on securing the highest marks in the course for administrators at the School for Graduate Nurses, McGill University.

Miss Myrtle Ross (1919), who has been acting superintendent of the Ross Pavilion, R.V.H., has resigned, to be married.

In order to help raise funds to send a delegate to the Student Christian Movement Conference, to be held in Toronto in September, the student nurses arranged a delightful tea and dance for July 4th.

Miss Ethel Fleming (1919) has accepted a position in the hospital at Ann Arbor, Mich.

Miss Marjorie Allder (1923) has been added to the staff of the hydrotherapy department of the Ross Pavilion, R.V.H.

ONTARIO

TORONTO

The graduating exercises of the Hospital for Sick Children took place on Tuesday evening, May 22nd, in the nurses' residence. Thirty-seven graduates received their pins and diplomas from Mrs. Cockshut, the wife of the Lieut.-Governor, and were addressed by Surgeon-General Fotheringham, C.M.G.

The following are the graduates for 1922-23: Misses Elizabeth Ambler, Patricia Blackmore, Mary Bullick, Sybil Boyce, Norma Bolton, Alice Boxill, Vera Clarke, Margaret Cunningham, Janet Cameron, Justina Chisholm, Kathleen Christie, Grace Conway, Dorothy Crossland, Edith Dawson, Helen Darnley, Mary Ellis, Frances Ebitt, Clementine Edwards, Marjorie Foy, Dorothy Gunn, Helen Galloway, Grew Eleanor, Elsie Hubbard, Oril Kerr, Anna Linton, Bea McDougal, Marguerite McKinley, M. Mustard, Margaret Needler, Alberta Palen, Zetta Pratt, Olga Ridout, Russell Marjorie, Margaret Ratchford, Edith Watt, Muriel Thom, Marguerite Walker.

The scholarship-winners were as follows: Alberta Palen, Edith Watt and Norma Bolton.

The annual garden party of the Alumnae Association of the Hospital for Sick Children, Toronto, was held on Saturday, June 23rd, at the Lakeside home. The guests were received by Miss Panton, lady superintendent of the hospital, and Mrs. Storey, president of the Alumnae Association. A great number of the graduates and their friends were present, all of whom enjoyed the reunion with old friends and classmates.

TORONTO WESTERN HOSPITAL

The graduating exercises of the 1923 class were held June 4th, when nineteen nurses received diplomas. The address was given by Sir Robert Falconer, and Dr. S. M. Hay administered the Florence Nightingale pledge. Miss McKee, superintendent of nurses, held a reception for the nurses and their friends in the evening.

CHATHAM

The graduating exercises of the 1923 class were held June 13th, in St. Joseph's Hall. After the formal exercises, the nurses entertained their friends at a reception and dance at the Grey-Dort Club Room.

The annual meeting of the Alumnae Association was held June 27th, with good attendance. Miss Gray presided. An account of the G.N.A.O. was given by Miss Norton, and one of the Private Duty Section by Miss Gray. A talk on "Radium" was given by a former graduate of the school, Miss Berhorst, superintendent of the Radium Hospital, Columbus, Ohio, and one by Dr. Bryce Kendrick on "Headaches." The officers were re-elected for another term. After the business meeting, tea was served. The usual annual picnic was discontinued for the present, the nurses attending the garden party given by members of the Blessed Sacrament Church.

FERGUS

The graduating exercises of the 1923 class of the Royal Alexandra Hospital were held June 21st. Prizes, pins and diplomas were presented to the members by Dr. Groves, medical superintendent of the hospital, and Mrs. Cram, of the board of managers, to the following: Misses Osborne, Smith, Baird, Watson and McKay. Dr. McMahon, of Toronto, addressed the graduation class. A large number of former graduates of the school were present. Following the exercises, a reception was held in the nurses' residence.

The annual meeting of the Alumnae Association was held June 21st, at the residence, with a large attendance. After routine business and the election of officers, a splendid address was given by Mrs. Smith, former superintendent of the school. A reception followed the meeting.

KINGSTON

The eighteenth annual commencement exercises of the K.G.H. were held May 11th, in Grant Hall, when the 1923 class of thirty members received their diplomas. Rev. I. J. S. Ferguson addressed the class. After the formal exercises were ended, a reception for the nurses and their friends was held. The Alumnae Association entertained the class at a dinner on May 9th, when fifty-six nurses spent a most enjoyable evening.

PICTON

The graduating exercises of Prince Edward County Hospital Training School for Nurses were held in the Methodist Church on Monday, May 14th, at 8 p.m. The church was filled to its utmost capacity with friends and relatives of the class of 1923. Mrs. H. B. Bristol presented the diplomas, the superintendent of nurses the pins, and Rev. Mr. Mellor presented the Florence Nightingale pledge. Miss Annie Doyle, one of the graduates, was awarded the prize for general proficiency donated by Dr. Chas. McCullough, of Wellington, Ont., and Miss Winnifred McCalpin won the Dr. Chas. Publow scholarship for operating-room technique. Dr. L. J. Austin, of Queen's University, Kingston, Ont., was the speaker of the evening, addressing the graduates. Other addresses were given by the president, Mr. Robert Davison, and Drs. Currie, Philp, Publow and Platt. Afterwards refreshments were served in the school-room, and a pleasant and successful evening was brought to a close.

* * * *

MANITOBA

ST. BONIFACE HOSPITAL, ST. BONIFACE

The Alumnae Association entertained the 1923 class at dinner June 21st, when a most enjoyable evening was spent. The night before the senior class entertained the graduating class with the reading of the class prophecy, which caused much interest and amusement.

The Glee Club held a silver tea in aid of the fund for the repair of the tennis courts at the hospital.

WINNIPEG GENERAL HOSPITAL

Misses Lawford (1906) and Timleck (1917) have accepted positions in the admitting office of the W.G.H., and Miss M. McGilvray (1910) as night superintendent.

Miss Violet MacAleese (1921) is now in charge of the pathological department of the Children's Hospital, which position was recently resigned by Miss Isabel Hamilton (1919), while Miss Irene Sharp has taken charge of the operating room in the same hospital.

Miss Isabel Stewart (W.G.H.), after many years as assistant professor, has now become associate professor at Teachers' College, Columbia University, New York.

Commencement exercises of the 1923 graduating class of the Winnipeg General Hospital Training School for Nurses was held in Grace Church on Friday evening, May 11th. After the assembling of the faculty, pupil nurses and graduates, a short musical programme was given, followed by a very helpful and inspiring address by Rev. Dr. John McKay, president of Manitoba College. The distribution of prizes and diplomas then took place.

Graduates of 1923: Harriet Adamson, Elma Aitkins, Ainslee Andrew, Thordes Ardal, Laura Brad, Mae Bowering, Katherine Bonnar, Juanita Curry, Marie Cornell, Olga Chapman, Maggie Craig, Lulu Dodd, Laura Gemmill, Florence Hall, Sybil Harriott, Hazel Ingram, Hallbera Johnson, Elnor Jowsey, Pearl Kaiser, Susie Kelsey, Lillian Mason, Nora McKenzie, Edith McCrae, Ethel McLachlan, Jessie Munro, Lillian Nixon, Emily Neil, Christine Otter, Lillian Pollon, Mrs. Edith Parker, Robina Ryder, Kathleen Ridout, Jean Robertson, Esther Simenstin, Mary Turner, Eva Thomson, Ella Underhill, Louise Venables, Evelyn Warner.

Scholarship, presented by the hospital—Miss Laura Brad.

Highest general proficiency, presented by G. F. Galt, Esq.—Miss Lillian Nixon.

Best executive, presented by J. S. Hough, Esq., K.C.—Miss Kathleen Ridout.

Best practical, presented by G. H. Balfour, Esq.—Miss Maggie Craig.

Intermediate Class: General proficiency, presented by E. D. Martin, Esq. —Mrs. Winnifred Camp.

Junior Class: General proficiency, presented by Max Steinkopf, Esq.—Miss Vera Robinson.

* * * *

SASKATCHEWAN

SASKATOON

Miss Jean Grant (S.C.H., 1922), who has been on the staff of the Hafford Hospital, left recently for New Glasgow, N. S.

Miss Beatrice Hawke (S.C.H., 1919) has been appointed to the Saskatoon public school nursing staff, to succeed Miss Madge Berry.

At the regular monthly meeting of the Saskatoon Graduate Nurses' Association, held at the Nurses' Home of the City Hospital on June 7th, the following officers were elected for the coming year: President, Mrs. Alden Johns; vice-president, Mrs. Hunter; secretary, Miss Helen Cameron; treasurer, Mrs. Lamont; councillors, Misses Dunham, Burse, M. E. Campbell, Turner and Gruhlke. Following the reports of the officers, a committee was appointed to make arrangements for a bazaar to be held in the fall.

REGINA

Regina nurses present at the annual meeting of the C.A.N.E. in Toronto on June 6-9 were Miss M. M. Gordon, admitting nurse, Regina General Hospital, and Miss M. F. Gray, supervisor of nursing housekeepers.

On May 30th the following nurses received their medals and diplomas as graduates of the Regina General Hospital Training School for Nurses: Naina Garda Gustafson, Olive Opal Morton, Ruth M. Kennedy, Berta A. Moeller, Marguerite E. Hood, Ellen B. Brockman, Aldis Sveinson, Dora Campbell, Sophia Sveinson, Isabella A. Armitage, Flavia Linton, Janet M. McKenzie, Margaret I. M. Tate, A. Clara Wilson, Margaret H. Clarke, Ethel Clarke.

The graduation exercises of the Training School for Nurses of the Regina Grey Nuns' Hospital were held on June 5th, the following nurses being awarded medals and diplomas: Ladisla E. Grounds, Helen M. McCarthy, Isabelle Kemp, Edna R. Nordloef, Clara Farrell, Mary H. Dean, Damienne Richer, Edna A. Cunningham, Maude Dunn, Lola Dunn.

The nurses of the Regina branch of the Saskatchewan Registered Nurses' Association were the hostesses at a picnic held in honor of the 1923 graduates of the two city schools. A number of the city doctors placed their motors at the disposal of the president, Miss Lyne, and joined the nurses in enjoying the outing to "Hungry Hollow."

PRINCE ALBERT

The Saskatchewan Hospital Association, in annual convention in Prince Albert, June 4th and 5th, spent some time in the discussion of nursing matters, centering on the hospital's responsibility to the training school. Resolutions were passed recording their recognition of (1) the necessity of the provision of a certain minimum standard equipment for class-rooms, and suggestions as to means of securing this; (2) the value of a training in the care of patients suffering from tuberculosis, and recommending that all training schools affiliate with the Provincial Sanitarium to secure such training for all the students; (3) the necessity for a practical training in the care of infectious diseases as an essential part of every nurse's training.

Misses Margaret Gow and Agnes Robertson (Prince Albert Municipal Hospital, 1921) have successfully completed a post-graduate course in surgery at the Lakeside Hospital, Cleveland, O.

WEYBURN

The Saskatchewan Medical Association met in annual convention in Weyburn, July 4th to 6th, and the Registered Nurses' Association appreciated the fact that Miss M. F. Gray, the supervisor of nursing housekeepers, was given the opportunity to report to the association on the progress of the plan for the one-year training of the Saskatchewan nursing housekeeper—the course which was instituted in 1920 by the Saskatchewan Registered Nurses' Association, with the co-operation of the Red Cross Society and the University of Saskatchewan. The supervisor's report showed that, in all, twenty-four students have completed the course of training; the nursing housekeepers who are engaged in nursing in the homes are all located in small towns or rural districts, which were formerly without any trained nursing attendant for service in the homes; all are reported as doing good work, and complying in full with the requirements of the Registered Nurses' Association as to registration, fee, and uniform. In some of the smaller hospitals and Red Cross outposts

nursing housekeepers have also been engaged to assist the registered nurse, relieving her of some of the routine housekeeping duties, as well as assisting with the nursing care of the patients. The discussion showed a confusion in the minds of some of the physicians of the trained nursing housekeeper and the untrained, so-called "practical nurse," whom it is hoped to replace in time by the licensed group of trained attendants. The co-operation of the physicians was sought (1) in using the nursing housekeepers only for such type of nursing service as she has been trained to perform; (2) in asking that any neglect of duty or breach of ethics should be promptly reported to the supervisor. A resolution approving of the course of training for the Saskatchewan nursing housekeeper was passed by the association.

The nursing housekeepers of the 1922-23 class who have recently received their certificates as Saskatchewan nursing housekeepers are as follows: Ruby G. Armstrong, Elizabeth Akister, Isabel G. Beattie, Estelle M. Brown, Isabel A. Creed, Bernice I. Coble, Marion F. Fair, Mrs. F. Hulbert, Mrs. La Croix, Lottie Meek, Mrs. Motion, Ethel E. Shuttleworth, Hattie M. Stueck, Johanna Tchida, Emily Wickens.

* * * *

ALBERTA

Calgary

At the May meeting of the C.A.G.N., in answer to a letter from the Local Council of Women re capital punishment, the members went on record as being ready to abide by the law of the land, whatever that might be, in this matter. A letter was sent to the C.A.N.E. in answer to the wish for an expression of opinion on a "refresher course" for nurses. The reply was sent that the members considered it a very valuable suggestion, and that a two-weeks' course, with opportunity to attend lectures and visit hospitals, would be most useful. They also suggested that if those nurses holding institutional positions would attend the regular meetings, the younger graduates would get the benefit of their experience.

At the June meeting a most interesting lecture on "Infantile Paralysis" was given by Dr. R. B. Deane. This was illustrated by lantern-slides. Votes of thanks were given to Dr. Deane and his assistants, as well as the Mother Superior of the Holy Cross Hospital for the use of the hall. A most successful dance was held June 6th. Mrs. Stuart Brown presided at both meetings.

* * * *

BRITISH COLUMBIA

Results of Registered Nurses' Examinations, May, 1923

One hundred and twenty-four nurses in the province wrote for the registered nurses' certificate in May. The following, after graduation from their several schools, were successful in passing, and now have the right to hold certificates and the use of the letters R.N. after their names: Nurses from the Vancouver General Hospital; St. Paul's Hospital, Vancouver; Royal Jubilee Hospital, Victoria; St. Joseph's Hospital, Victoria; Chemainus General Hospital; Ladysmith General Hospital; Nanaimo General Hospital; Royal Columbian Hospital, New Westminster; Vernon Jubilee Hospital; Nicola Valley General Hospital; Queen Victoria Hospital, Revelstoke; Kootenay Lake General Hospital, Nelson; St. Eugene's Hospital; Prince Rupert General Hospital, and Port Simpson General Hospital wrote on the papers.

Miss M. McNeill, of St. Joseph's Hospital, Victoria, obtained the highest marks; Miss A. Anderson, of the Vancouver General, was second, and Miss C. Collins, of the Kootenay Lake General Hospital, was third.

The following passed, in order of standing: Misses I. Gardner and E. Teece (equal), Misses Margery Lee, M. Murphy, E. Cluness, R. Layton, M. Diederich, M. Carpenter, A. Hale, B. Lord, C. Smith, M. McPhee, J. Ross, M. McGilliveray, C. Callodin, H. Ross, E. Abrams, M. McKenzie, A. M. Kerr, L. Stocker, G. Middleton, M. Howe, P. Heathorn, A. Wright, C. Morgan, J. McIntosh, O. King, L. Wirth, M. Reid, I. Penzer, H. Kennedy, M. Mason, D. Frampton, L. E. Cummins, M. Matheson, E. Moore, K. Holland, D. Coughlin, E. Wilkinson, Sister M. Ambrose, M. Dinahan, V. Beckley, G. Tait, H. Cook, C. Vatnsdale, E. Royce, M. McLennan, F. Senay, A. Herres, D. Kennedy, A. Thorpe, M. Bridgeman, B. Girard, J. McVicar, H. Lutes, S. Wright, K. Lamb,

H. Nicklason, E. Cooksley, M. Evans, P. Hilborn, K. Lee, K. Doumont, I. E. Graham, K. Ward, F. Zettergreen, R. McKinnon, E. Kieren, M. Lewthwaite, H. Ludgate, J. Dailey, M. Massey, D. Pickering, I. Thomas, M. Taylor, L. Stockwell, M. Connolly, A. Dunn, A. Woodburn, E. Sheppard, M. Hill, S. Johnson, J. Grierson, A. Sanderson, Z. Doraty, H. Connor, R. Walker, A. Buttrum, D. Hall, H. Patterson, C. Parkstrom, C. Vick.

The following, having passed the supplementary examinations, are now eligible for the R.N.: Misses C. Dean, Don, Hillis, A. Milton, M. Walker, O. Green, F. McGregor, B. Ferreira, and L. McIntyre.

New Westminster

Miss I. M. Abrams (Royal Columbian Hospital, 1923) is taking a post-graduate course in eye, ear, nose and throat nursing in Portland.

Miss Cox has left for California to take up private duty there.

Miss K. B. Stott, superintendent of the Royal Columbian Hospital, is taking a summer course at Stanford University, Palo Alto, Cal.

Nelson

Miss Irene Eaman, R.N. (Vancouver General Hospital), has resigned her position as head nurse in the Kootenay Lake General Hospital, Nelson, and is at present at her home in Calgary. Miss Margaret Connolly, of the Royal Inland Hospital, Kamloops, has accepted the position.

Victoria

An informal dance was held at the nurses' residence, Provincial Royal Jubilee Hospital, recently, under the auspices of the V.G.N.A., at which a small sum was raised to help furnish a room in the new wing of the hospital in memory of their sisters who lost their lives in the Great War. A rummage sale will be arranged for shortly for the same purpose.

Vancouver

A garden party was held July 11th by the V.G.N.A. in aid of the fund to furnish kindergarten equipment for the Creche.

The six weeks' course in teaching and administration given at the University of British Columbia, under the supervision of Miss E. Johns, R.N., at the request of the G. N. A. of B. C., started its work July 9th. Those attending are Miss C. E. Guillod, superintendent, Maple Creek General Hospital, Maple Creek, Sask.; Miss C. McLeod, assistant superintendent, General Hospital, Brandon, Man.; Miss M. Dutton, instructor, St. Paul's Hospital, Vancouver; Miss L. Gregory-Allen, instructor, Royal Jubilee Hospital, Victoria; Miss O. M. Shore, demonstrator, Vancouver General Hospital; Miss E. Hogarth and Miss A. B. Croll.

Vancouver General Hospital

The reunion of the Alumnae of the hospital was arranged to coincide with the graduation exercises of the 1923 class. Many of the members of the school graduates were present, every class since the first (1901) being represented. One member of the first class of three, Miss O'Connor, was able to be with the nurses. Three days were given up to the meetings and amusements. The opening of the meetings was made quite a public affair by the presence of Mayor Tisdall, who gave an address. During the course of these meetings addresses were made by Professor Sedgwick, of the U.B.C.; Dr. MacEachern, Dr. McTavish, and Dr. Pearson; while a most interesting history of the school was given by Miss Beatrice Johnson, R.N., one of the three nurses who, in May, obtained the degree from the combined courses at the university and the hospital. An address on "School Fellowship" was given by Miss Helen Randal, R.N., and one on "An Honorable Tradition" by Miss Ethel Johns, R.N. Community singing was a feature of these meetings and was much enjoyed. Entertainments were most enjoyable and varied—a picnic, with boat trip to Bowen Island, luncheons each day, reception and dance, as well as motor trips each day, filled to the brim with pleasure. The finale was the graduation exercise of the seventy-six members of the 1923 class, where the members of past classes, again in uniform, marched in advance of the youngest members of our Alumnae into the hall, where the diplomas and pins were presented. Much credit is due the president, Miss Mary McLean; Miss H. Innis, the general convener of the reunion, and the officers and members of the Alumnae Association, who so willingly devoted themselves to making it a great success.

BIRTHS

Bawden—On March 28th, 1923, at the Kingston General Hospital, to Mr. and Mrs. Jack Bawden (Mary Duncan, Kingston General Hospital, 1920), a son.

Brown—At Chester, England, to Flight-Lieut. and Mrs. L. L. Brown (Moore, Winnipeg General Hospital, 1917), on April 9th, 1923, a daughter.

Campbell—At Vancouver, B. C., June 27th, 1923, to Dr. and Mrs. Glen Campbell (Helen Kathleen Davis, Vancouver General Hospital), a daughter.

Greenway—At Kellam, Alberta. June 13th, 1923, to Dr. and Mrs. A. Clayton Greenway (Nursing Sister Agnes Huston, Toronto Western Hospital, 1913), a son, David William.

Gunn—On June 19th, 1923, at the Royal Columbian Hospital, New Westminster, B. C., to Mr. and Mrs. B. Gunn (Jessie Waddell, Royal Columbian Hospital, New Westminster), a son.

Johnson—At Winnipeg, May 5th, 1923, to Mr. and Mrs. Chas. Johnson (Thompson, Winnipeg General Hospital, 1918), a daughter.

Peterkin—At Toronto, July 7th, 1923, to Mr. and Mrs. S. M. Peterkin (Mrs. Isabella Longman, Wellesley Hospital, Toronto, 1921), a son.

Sloan—At Nanaimo, B. C., July 10th, 1923, to Hon. Wm. and Mrs. Sloan (Catherine McDougall, Vancouver General Hospital), a daughter.

Waddell—At the Regina General Hospital, June 11th, 1923, to Dr. and Mrs. J. T. Waddell (Annie E. Chalmers, Regina General Hospital, 1920), a son.

Wellman—At Richmond Hill, Ont., to Mr. and Mrs. Wesley Wellman (Alice Knapman, Orillia General Hospital, 1919), a son.

Winn—At New Hamburg, Ont., July 7th, 1923, to Dr. and Mrs. N. H. Winn (Alice Belt, Wellesley Hospital, Toronto, 1916), a daughter.

MARRIAGES

Aiken—McMurtry—At Galt, Ont., June, 1923, Helen McMurtry (Wellesley Hospital, Toronto, 1919) to Mr. George Aiken, of Galt.

Appelbe-Borland—At St. Paul's Church, Vancouver, B. C., June 1st, 1923, Nottie Borland (Nursing Sister, C.A.M.C.), daughter of W. J. Borland, Port Arthur, Ont., to Capt. George E. Appelbe. Capt. Appelbe, like his wife, saw service overseas, being with the navy all through the war. They reside at 1646 Beach Avenue, Vancouver.

Brown-Field—At Hamilton on March 29th, 1923, Laura K. Field (Niagara Falls General Hospital) to Harold Brown, Niagara Falls South.

Brisley-Scott—At Winnipeg, Man., April 25th, 1923, Myrtle Scott (Winnipeg General Hospital, 1917) to Mr. Wm. Brisley.

Burns-MacKay—At Winnipeg, Man., June 6th, 1923, Miss Gladys MacKay (Winnipeg General Hospital, 1921) to Dr. C. W. Burns.

Craig-Jones—At Toronto, Ont., April 30th, 1923, Florence Emily Jones, R.N. (Toronto General Hospital, 1913), to Ross J. Craig, of Toronto. Mrs. Craig was formerly matron of Euclid Hall Hospital, D.S.C.R., Toronto. They will reside at 1357 Queen Street, West, Toronto.

Day-Noble—In Saskatoon, on June 9th, 1923, Nora Gladys Noble (Saskatoon City Hospital, 1922) to Mr. William Richard Day, of Melita, Manitoba.

Emmitt-Hamilton—At Crandall, Man., June 6th, 1923, Miss Mabel Hamilton (Winnipeg General Hospital, 1919) to Mr. Robert Emmitt.

Harrington-McRae—In Christ Church, London, Ont., September 10th, 1922 Florence McRae (Sarnia General Hospital, 1916) to Joseph Barrington, Palmerston, Ont.

Howey-West—At Niagara Falls on April 25th, 1923, Mary West (Niagara Falls General Hospital) to Mr. Howey, of Beamsville, Ont.

Hooker-Long—In Saskatoon, on June 4th, 1923, in St. James' Church, Kate Long (Winnipeg General, 1918) to Mr. Granville B. Hooker, of Allan, Saskatchewan.

Kress-Thompson—At Tillsonburg, Ont., June 20th, 1923, Dorothy Thompson (Wellesley Hospital, Toronto, 1921) to Mr. Harper Kress, M.C., of the Canadian Bank of Commerce, Walkerville.

Lowe-Gothard—On June 20th, 1923, at St. John's Church, Moose Jaw, Sask., Clara Gothard (Provincial Royal Jubilee Hospital, Victoria, B. C., 1919) to Albert H. Lowe.

Mahoney-Jarvis—At Hamilton, Ont., June 25th, 1923, Mary Jarvis (Wellesley Hospital, Toronto, 1920) to Mr. Edward Mahoney, of Oakville.

McConnell-Devitt—At Meaford, Ont., February 17th, 1923, Nursing Sister May Devitt (Orillia General Hospital, 1915) to William Frederick McConnell.

Minnis-Sinclair—At Kingston, Ont., June 6th, 1923, Marjorie Gordon (Royal Victoria Hospital, 1921) to Mr. Granvil Reed Sinclair.

Muir-White—In Vancouver, June 28th, 1923, by Rev. Dr. E. D. McLaren, Jean Aitken White (Vancouver General Hospital), daughter of the late F. F. and Mrs. White, of Leslie, Fifeshire, Scotland, to Colin Muir, of Likely, B. C.

Palliser-Howell—At Montreal, June 5th, 1923, Ellice Janet Sanderson (Royal Victoria Hospital, 1920) to Mr. Norman H. Howell.

Rutherford-Aird—At Montreal, June 27th, 1923, by the Rev. J. A. Montgomery, Libbie Campbell Aird (Montreal General Hospital, 1922), daughter of the late Mr. and Mrs. George Aird, of Montreal, to Mr. William King Rutherford, of Montreal. They will reside in Montreal.

Smith-Buchner—At Niagara Falls on March 3rd, 1923, Gertrude Buchner (Niagara Falls General Hospital) to Cecil Smith, of Welland, Ont.

Smith-Ramage—In Regina, on June 20th, 1923, at the home of her brother, Mr. David Ramage, Margaret Jean Ramage (Winnipeg General, 1919) to Mr. Harry George Smith, of Wetaskiwin, Alberta.

Stuart-Stuart—At Christ Church Cathedral, Montreal, June 27th, 1923, by Rev. H. Fricker, Constance M. Stuart (Montreal General Hospital, 1912), of Chatham, England, to Norman C. Stuart, Montreal.

Sweney-Pickering—At St. Paul's Church, Vancouver, B. C., June 19th, 1923, Dorothy, daughter of Mrs. B. P. Pickering, of Chester, England (Vancouver General Hospital, 1923), to Mr. George Sweney, of Victoria, B. C.

Thomas-Burns—At Winnipeg, Man., June 9th, 1923, Miss Mary Irene Burns (Winnipeg General Hospital) to Mr. Wesley Thomas.

Wathen-Ross—At St. Jude's Church, Toronto, June 25th, 1923, by the Rev. Mr. Spence, Marjorie, daughter of Mr. and Mrs. Donald Ross, 214 Westminster Avenue, Toronto, to James McKechnie Wathen, M.D., of Harcourt, N. B. Mrs. Wathen is a graduate of the Montreal General Hospital, 1922. Dr. and Mrs. Wathen will reside in Montreal after their return from a motor trip to the Maritime provinces.

Wesley-Munro—In June, 1923, Frances Munro (Niagara Falls General Hospital) to Victor Wesley, of Toronto, Ont.

Vail-Hicks—At Sarnia, Ont., September 30th, 1922, Bernice Hicks (Sarnia General Hospital, 1914) to Mr. Ralph Vail, Detroit, Mich.

Yuill-Dixon—At Maple Creek, Sask., in the Methodist Church, June, 1923, Ruth Marion Dixon (Vancouver General Hospital) to Alexander Claude Yuill, of Vancouver.

DEATHS

Heskey—At Drayton, Ont., May 13th, 1923, Mary Estelle Norris (Toronto Western Hospital, 1917), wife of J. W. Heskey.

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—*Quarterly Journal.*

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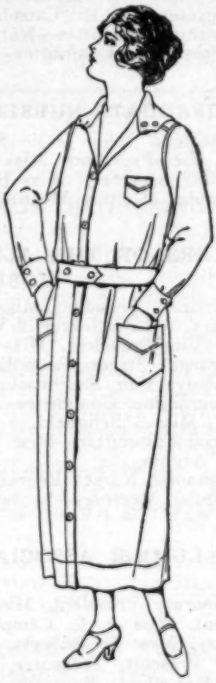

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Regular monthly meeting—First Tuesday, at 8 p. m.

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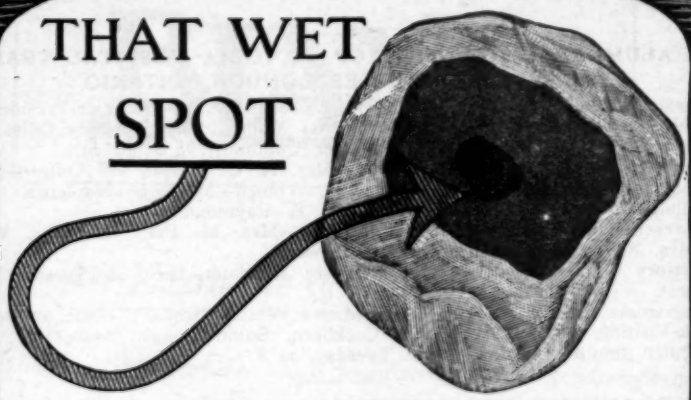

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Regular Meetings, First Friday of each month at 8 p.m.

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Programme Committee—Misses Moyer, Freel, McGinnis, Rawlings, Buchanan and Honey.

Regular Monthly Meeting—Last Tuesday, at 2:30 p.m.

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Executive Committee—Misses Vollett, Bennett, Bell, Grant and Coulthard.

Representative to "Canadian Nurse"—Miss H. Hastings.

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Representative to "Canadian Nurse"—Miss Anna Curry, Chatham, Ont.

Sick Committee—Miss R. Waters, Port Huron; Miss Ilhargey, Detroit, Mich.; Miss E. Mann, Chatham, Ont.

Regular Monthly Meetings—First Monday of each month at 3 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO ORTHOPEDIC HOSPITAL TRAINING SCHOOL FOR NURSES

Honorary President, Miss E. MacLean; President, Mrs. A. W. McClennan, 436 Palmerston Blvd.; Vice-President, Miss Ethel Waterman; Secretary-Treasurer, Mrs. W. J. Smithers, 40 Wellesley Street, Toronto.

Representative to the Ontario Private Duty Committee—Miss Mary Devins, 312 Glen Road, Toronto.

TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Honorary President, Miss E. Muriel McKee; President, Miss Jessie Cooper, 754 Bathurst St.; Vice-President, Miss Grace Sutton; Secretary-Treasurer, Mrs. Ethel Bell, 71 Indian Rd., Cr.; Recording Secretary, Mrs. Elizabeth Duff.

Representative to Toronto Chapter, Miss Alma Henderson.

Visiting Committee, Miss Malcom and Miss Fawcett.

Councillors—Mrs. Yorke, Mrs. Valentine, Miss Beckett, Miss Cooney, Miss Moore.

"Canadian Nurse" Representative—Miss May Anderson, 754 Bathurst St., Toronto.

Regular Meetings—First Friday of each month in assembly hall of hospital.

THE THUNDER BAY GRADUATE NURSES' ASSOCIATION, FORT WILLIAM AND PORT ARTHUR, ONT.

Honorary President, Mrs. J. W. Cook, Fort William, Ont.; President, Mrs. W. McClure, Fort William, Ont.; First Vice President, Miss Irene Holmes, Port Arthur, Ont.; Second Vice-President, Mrs. M. Wark, Port Arthur, Ont.; Third Vice-President, Mrs. S. Hancock, Fort William, Ont.; Treasurer, Miss T. Gerry, Fort William, Ont.; Recording Secretary, Miss Marjorie Strawson, Port Arthur, Ont.; Corresponding Secretary, Mrs. W. J. Stirrett, Port Arthur, Ont.

Convenor of Sick Visiting Committee—Mrs. O'Leary, Port Arthur, Ont.

Convenor of Social Committee—Miss Sara MacDougall, Port Arthur, Ont.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Honorary President, Miss Frances Sharpe; President, Miss Nora Montgomery; Vice-President, Miss Gladys Mill; Recording-Secretary, Miss M. H. Mackay, R.N.; Assistant Secretary, Miss Annie Hill; Corresponding Secretary, Miss Gladys Jefferson; Treasurer, Miss Evelyn Peers.

Regular Monthly Meeting—Second Monday, at 8 p.m.

THE ALUMNAE ASSOCIATION OF THE WELLESLEY HOSPITAL TRAINING SCHOOL FOR NURSES, TORONTO

Hon. President, Miss Elizabeth Flaws; President, Miss Jessie Ritchie; Vice-President, Miss Edith MacNamara; Secretary, Miss Vira Malone, 168 Isabella St., Toronto; Treasurer, Miss Annis Carson.

THE TORONTO CHAPTER OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

President, Miss Russell, 1 Queen's Park (N.8760); Vice-President, Miss Emory, Room 308, City Hall; Corresponding Secretary, Miss Barnes, 615 Huron Street (A.8022); Recording Secretary, Miss Hamilton, 130 Dunn Avenue; Treasurer, Miss Rowan, 496 Euclid Avenue; G. N. A. O. Representative—Miss Patterson, 14 Gloucester Street; Local Council Representatives—Miss Haslett, 48 Howland Avenue; Mrs. Smither, 40 Wellesly Street; Mrs. Turnbull, 149 Crescent Road; Miss Holland, 410 Sherbourne Street. Programme Committee—Miss Davidson, 322 Brunswick Ave.; Miss Henderson, 128 Barton Ave.; Miss Spademan, 591 Concord Ave. Press and Publication Committee—Mrs. A. W. McClennan, Convenor, 436 Palmerston Blvd.; Miss Ferguson, 125 Isabella Street. Legislation Committee—Miss Dean, 103 Baldwin Street. Citizenship Committee—Mrs. Smither, 40 Wellesley Street; Mrs. Turnbull, 149 Crescent Road.

NICHOLLS' HOSPITAL ALUMNAE ASSOCIATION, PETERBORO, ONT.

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Representative to "Canadian Nurse"—Miss Eva Archer, Assistant Superintendent Nicholls' Hospital, Peterboro.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO

President, Miss I. Nicol, 767 Gerrard Street, Toronto; First Vice-President, Miss A. Armstrong, Riverdale Hospital, Toronto; Second Vice-President, Miss M. Thompson, Riverdale Hospital, Toronto; Secretary, Miss Gertrude Gastrell, Riverdale Hospital, Toronto; Corresponding Secretary, Miss O. Hatley, Riverdale Hospital, Toronto; Treasurer, Miss R. Shields, Riverdale Hospital, Toronto.

Press and Publication—Miss Gertrude Gastrell, Riverdale Hospital, Toronto.

Convenor of Sick and Visiting Committee—Mrs. Paton, 27 Crang Avenue, Toronto.

Convenor of Programme Committee—Miss Honey, Riverdale Hospital, Toronto.

Representatives to Central Registry—Mrs. Quirk, 60 Cowan Avenue, Toronto, and Miss D. Johnston, 10 Tyndall Avenue, Toronto.

Representative to Toronto Chapter—Miss Clark, 325 Leslie Street, Toronto.

Representatives to Private Duty Section—Miss Davidson, 322 Brunswick Avenue, Toronto, and Miss Platt, 176 Northcliffe Boulevard, Toronto.

Board of Directors—Officers, Convenors of Committees, and Miss E. Scott, Riverdale Hospital, Toronto.

STRATFORD GENERAL HOSPITAL ALUMNAE ASSOCIATION

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OFFICERS OF THE TORONTO GENERAL HOSPITAL ALUMNAE ASSOCIATION FOR 1922-23

Honorary President, Miss Sniveley, 50 Maitland St.; President, Miss Hannant, 24 Glen Road; First Vice-President, Miss E. Hickey, 19 Sparkhall Ave.; Second Vice-President, Miss M. Mann, Toronto General Hospital; Recording Secretary, Miss F. Jones 30 Vermont Ave.; Corresponding Secretary, Miss M. Martin, 26 Summerhill Ave.; Treasurers, Misses H. Mortimer and C. Wheatley, Toronto General Hospital.

Councillors—Miss E. Moore, Spadina House; Miss L. Gamble, 31 Claremont St.; Miss E. Cryderman, 139 Jarvis St.

Representative to Toronto Chapter—Miss K. Russel, 1 Queen's Park.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO

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THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO

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Press Representative—Miss M. Miller, 74 Strathcona Avenue, Toronto.

Directors—Miss A. Cahill, Miss G. Duffy, Miss B. Walsh.

THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO

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Press Publication—Miss Ella Knight, 481 Palmerston Avenue.

Social Committee—Miss Perry.

Sick Visiting Committee—Miss McKeown, St. George Apartments, Toronto.

Directors—Misses Rowan, Devellin, Bourne, Tod.

THE ALUMNAE ASSOCIATION OF GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO, ONT.

President, Miss Edith Lawson, 130 Dunn Avenue, Toronto; Vice-President, Miss Taylor, 130 Dunn Avenue, Toronto; Secretary, Miss Nellie Chambers, 130 Dunn Avenue, Toronto; Treasurer, Miss Lendrum, 130 Dunn Avenue, Toronto.

Representative to Toronto Chapter, G.N.A.O.—Miss Helena M. Hamilton, 130 Dunn Avenue, Toronto.

Press Representative—Miss Brownlow, 744 Duplex Street, Toronto.

Programme Committee—Misses Darment, Forman, O'Neil, Preston.

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO

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Representative to "Canadian Nurse"—Mrs. T. A. James.

Representative to Toronto Chapter, G.N.A.O.—Miss Florence Barnes.

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Convenor of Sick Visiting Committee—Miss Teeter.

Convenor of Social Committee—Mrs. Boyer.

Convenor of Programme Committee—Miss Grindlay.

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Executive Committee—Miss Ennis, Miss Skitsh.

Sick Visiting Committee—Miss J. McArthur, 799 College Street.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA

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Convenor of Social Committee—Miss Chafe.

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Representative to "Canadian Nurse"—Miss Theresa Fitzpatrick, 753 Wolseley Ave.

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Convener of Registry and Eligibility—Miss C. McLeod.

Sick Visitor—Miss Kid, 12th St., Brandon.

Press Representative—Mrs. W. W. Kid, Suite 14 Imperial Apts., Brandon.

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Social Service Representative—Mrs H. D. Hedley, 1155 Grafton Ave.

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Convener of Educational Committee—Miss C. Kier, R. N., Y. W. C. A.

Convener of Social Committee—Mrs. W. H. Metcalfe, 370 Hochelaga St., W.

Convener of Registration Committee—Miss G, Jordison, R. N., 1038 4th Ave., N. W.

Convener of Constitution and By-Laws—Miss I. Lind, R. N., 176 Hochelaga St., W.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

Incorporated March, 1917

President, Miss R. M. Simpson, Department of Education, Regina; First Vice-President, Miss E. Eisele, General Hospital, Moose Jaw; Second Vice-President, Sister Mayer, St. Paul's Hospital, Saskatoon; Secretary-Treasurer, Miss Mabel F. Gray, 2331 Victoria Avenue, Regina.

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THE EDMONTON GRADUATE NURSES' ASSOCIATION

President, Miss Brightly; First Vice-President, Miss Olive Ross; Second Vice-President, —— ——; Secretary, Mrs. Bonneau, 10224—107th Street, Edmonton; Treasurer and Registrar, Mrs. J. Lee, 9928—108th Street.

Convenor of Sick and Flower Committee—Miss E. McRae.

Convenor of Social and Programme Committee—Miss B. McGillivray.

Representative to "Canadian Nurse"—Mrs. M. A. Boyce, 9528—106th Street.

MEDICINE HAT GRADUATE NURSES' ASSOCIATION

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Executive Committee—Mrs. J. Hill, 268 Eighth Street; Mrs. J. Devlin, 57 Fourth Street.

Flower Committee—Miss E. Auger, Medicine Hat General Hospital.

New Membership Committee—Miss A. Phinney, 546-A Sixth Avenue; Miss M. Middleton, Medicine Hat General Hospital.

"Canadian Nurse" Representative—Miss A. Green, 413 Fifth Street; Miss E. Auger, Medicine Hat General Hospital.

Regular Meeting—First Monday in each month.

CALGARY ASSOCIATION OF GRADUATE NURSES

President, Mrs. R. P. Stuart Brown, 1604 25th Ave W., 'Phone W. 1439; 1st Vice-President, Mrs. A. H. Calder; 2nd Vice-President, Miss A. Willison, R.N.; Recording Secretary, Miss Pearl Bishop, R.N.; Treasurer, Miss Marian Parkes; Corresponding Secretary, Miss L. Phillips, R.N., 8 Wallace Apts. 'Phone, M. 2098; Registrar, Miss M. E. Cooper, R.N., 2 Brown Terrace, 1st Street W., 'Phone M. 9427; Convenor for Canadian Nurse" subscriptions, Miss Bella, R.N., 318 21st Ave. W.; Convenor of Sick Committee, Miss M. Parkes; Convenor of Finance Committee, Mrs. A. H. Calder; Books Committee, Miss M. MacLear and Miss Quance; Convenor of Entertainment Committee, Miss Cooper, R.N.; Representatives to Local Council of Women, Mrs. A. H. Calder, Miss M. MacLear, R.N. and Miss Beattie, R.N.

Regular Business Meetings—2nd Thursday of each month at 8 p.m. in the Y.W. C.A. parlors; instructive addresses by various doctors, social entertainments, teas, etc., at intervals.